

**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

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
08 01 2013

through

M M M / D D D / Y Y Y Y Y Y
08 31 2013

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
09 19 2013

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
08 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
08 / 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.....	594660.35	
(c) Total Receipts (from Line 19)	49414.98	616236.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	644075.33	1104089.86
7. Total Disbursements (from Line 31)	14805.45	474819.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	629269.88	629269.88
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 Y
 08 / 01 / 2013

To:

 M M / D D / Y Y Y Y Y
 08 / 31 / 2013
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).....

33239.00

403702.62

(ii) Unitemized

16149.67

211257.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

49388.67

614959.62

(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)

49388.67

614959.62

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.).....

26.31

277.26

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

49414.98

616236.88

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

49414.98

616236.88

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	1805.45	61224.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1805.45	61224.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	402000.00
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	0.00	1595.00
(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)).....	0.00	1595.00
29. Other Disbursements	10000.00	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)) ..	14805.45	474819.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14805.45	474819.98

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)	49388.67	614959.62
34. Total Contribution Refunds (from Line 28(d))	0.00	1595.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49388.67	613364.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1805.45	61224.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1805.45	61224.98

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 Justin Cole

Mailing Address 116 Pink Orchard Dr

City

Mooresville

State

NC

Zip Code

28115-8016

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

08 / 01 / 2013

Transaction ID : 36283947

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Gabrielle Marshall

Mailing Address 2463 NW 1ST ST

City

BEND

State

OR

Zip Code

97701-1246

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 02 / 2013

Transaction ID : 36308004

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Ian Gaddie

Mailing Address 5600 Schuler Ln

City

Prospect

State

KY

Zip Code

40059-9501

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 ▼

750.00

Date of Receipt

08 / 02 / 2013

Transaction ID : 36308005

Amount of Each Receipt this Period

250.00

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

800.00

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

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

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

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 George Edward Foster

Mailing Address 23342 E Horseshoe Bend Rd

City State Zip Code
 Park Hill OK 74451-4159

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

08 / 01 / 2013

Transaction ID : 36308049

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Susan Scott Whaley

Mailing Address 9241 White Blossom Way

City State Zip Code
 Tallahassee FL 32309-9310

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

08 / 01 / 2013

Transaction ID : 36308052

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Robert J Moses

Mailing Address 413 Wessex Rd

City State Zip Code
 Valparaiso IN 46385-7716

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

08 / 01 / 2013

Transaction ID : 36308056

Amount of Each Receipt this Period

2000.00

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

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Kathleen E Powell

Mailing Address 9710 Copper Dr

City

Anchorage

State

AK

Zip Code

99507-1226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 03 / 2013

Transaction ID : 36308922

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Dr Philip J Gross

Mailing Address 46 Wintergreen Way

City

Magnolia

State

DE

Zip Code

19962-1474

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

08 / 03 / 2013

Transaction ID : 36308923

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Robert L Jarrell III

Mailing Address 50 Cedar Hill Rd Ne

City

Albuquerque

State

NM

Zip Code

87122-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

08 / 03 / 2013

Transaction ID : 36308924

Amount of Each Receipt this Period

166.67

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

301.67

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

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

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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 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 ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2013

Transaction ID : 36308925

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Jon Frederick Pederson

Mailing Address 1025 Milwaukee St

City	State	Zip Code
Denver	CO	80206-3337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2013

Transaction ID : 36309256

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. 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 ▼

333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2013

Transaction ID : 36309257

Amount of Each Receipt this Period

41.67

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

141.67

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

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

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

FOR LINE NUMBER: PAGE 10 OF 77

(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 Samuel Pierce

Mailing Address 2679 Vesclub Cir

City	State	Zip Code
Vestavia	AL	35216-1356

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 ▼

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	04	/	2013

Transaction ID : 36309258

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Tara Peterson

Mailing Address 5940 S Wright Ct

City	State	Zip Code
Littleton	CO	80127-4635

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
08	/	05	/	2013

Transaction ID : 36309262

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Clarke NewmanMailing 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 ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	05	/	2013

Transaction ID : 36309263

Amount of Each Receipt this Period

250.00

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

1250.00

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 Shannon Franklin

Mailing Address 427 Cranberry Ln

City

Crozet

State

VA

Zip Code

22932-3160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.80

Date of Receipt

08 / 05 / 2013

Transaction ID : 36309265

Amount of Each Receipt this Period

55.56

Full Name (Last, First, Middle Initial)

B. Dr John J Florio

Mailing Address 30 Berkeley St

City

Maplewood

State

NJ

Zip Code

07040-3317

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 ▼

273.75

Date of Receipt

08 / 05 / 2013

Transaction ID : 36309267

Amount of Each Receipt this Period

91.25

Full Name (Last, First, Middle Initial)

c. Dr John Coble

Mailing Address 1501 SUNSET HILL DR

City

ROCKWALL

State

TX

Zip Code

75087-3216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.80

Date of Receipt

08 / 06 / 2013

Transaction ID : 36314894

Amount of Each Receipt this Period

83.35

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

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

230.16

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

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

FOR LINE NUMBER:
(check only one)

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Andrew Ray Adamich

Mailing Address PO Box 711

City

Gunnison

State

CO

Zip Code

81230-0711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 06 / 2013

Transaction ID : 36314895

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Jason A Ricks

Mailing Address 108 Agate Dr

City

Lewistown

State

MT

Zip Code

59457-3202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 06 / 2013

Transaction ID : 36314896

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Dr Lance W Fagan

Mailing Address 6160 N 17Th St

City

Dalton Gardens

State

ID

Zip Code

83815-9617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

08 / 06 / 2013

Transaction ID : 36314897

Amount of Each Receipt this Period

31.00

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

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

111.42

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 Alisha J Heaton

Mailing Address 8311 N Parkside Dr

City

Hayden

State

ID

Zip Code

83835-8253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 06 / 2013

Transaction ID : 36314899

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Dr Jeremy Durham

Mailing Address 1233 N Seasons Ct

City

Goddard

State

KS

Zip Code

67052-8534

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 07 / 2013

Transaction ID : 36315733

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Thomas M Barreto

Mailing Address 485 Nw Skyline Blvd

City

Portland

State

OR

Zip Code

97229-6849

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 07 / 2013

Transaction ID : 36315734

Amount of Each Receipt this Period

100.00

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

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

180.00

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 Nyre

Mailing Address 2505 10TH AVE NW

City
MINOT

State
ND

Zip Code
58703-1754

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 ▼

320.00

Date of Receipt

08 / 08 / 2013

Transaction ID : 36318465

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Dr James W Bedsole

Mailing Address 1723 Cogswell Ave

City

Pell City

State

AL

Zip Code

35125-1646

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

08 / 08 / 2013

Transaction ID : 36318467

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr William Thomas Reynolds Jr

Mailing Address 200 La Rose Ct

City

Richmond

State

KY

Zip Code

40475-7855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1342.05

Date of Receipt

08 / 08 / 2013

Transaction ID : 36318469

Amount of Each Receipt this Period

164.51

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

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

254.51

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 Geoffrey Goodfellow

Mailing Address 260 Aspen Dr

City

Beecher

State

IL

Zip Code

60401-5123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 08 / 2013

Transaction ID : 36318471

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Jonathan Bundy

Mailing Address 3045 N HOZONI RD

City

PRESCOTT

State

AZ

Zip Code

86305-3992

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

08 / 09 / 2013

Transaction ID : 36322804

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Victoria Ann Blower

Mailing Address 2301 LOUSSAC DR

City

ANCHORAGE

State

AK

Zip Code

99517-1230

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 ▼

680.00

Date of Receipt

08 / 09 / 2013

Transaction ID : 36322805

Amount of Each Receipt this Period

85.00

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

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

176.67

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Steven Arthur Loomis

Mailing Address 6436 Spotted Fawn Run

City

Littleton

State

CO

Zip Code

80125-9055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

08 / 09 / 2013

Transaction ID : 36322806

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Robert P Wooldridge

Mailing Address 1852 Aintree Ave

City

Draper

State

UT

Zip Code

84020-7711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 10 / 2013

Transaction ID : 36334254

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Dr Paul Philippe Cote

Mailing Address 18 Little Androscoggin Dr

City

Auburn

State

ME

Zip Code

04210-8884

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 10 / 2013

Transaction ID : 36334257

Amount of Each Receipt this Period

41.67

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

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

366.67

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 Michael G Wallace

Mailing Address 3366 Ambleside Dr

City
Flushing

State
MI

Zip Code
48433-9784

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 10 / 2013

Transaction ID : 36334259

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Dr James Davis

Mailing Address 2724 Surrey Ln

City

Idaho Falls

State

ID

Zip Code

83404-7143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 10 / 2013

Transaction ID : 36334260

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Dr Kenneth Ray Moultrie

Mailing Address 1809 Gaslight Way NE

City

Huntsville

State

AL

Zip Code

35801-1555

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 10 / 2013

Transaction ID : 36334269

Amount of Each Receipt this Period

100.00

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

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

187.00

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. Mr Richard Montoya

Mailing Address 1335 PASEO DEL PUEBLO SUR
241

City State Zip Code
TAOS NM 87571-5972

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Mexico Optometric Assn, Inc

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 10 / 2013

Transaction ID : 36334271

Amount of Each Receipt this Period

180.00

Full Name (Last, First, Middle Initial)

B. DR Frank McAllister Akers II

Mailing Address 1019 N 93rd PI

City State Zip Code
Mesa AZ 85207-5266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 10 / 2013

Transaction ID : 36334272

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. 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

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

08 / 11 / 2013

Transaction ID : 36334275

Amount of Each Receipt this Period

166.67

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

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

431.67

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 Andrea Bethel

Mailing Address 1621 Terra De Sol Dr SE

City

Rio Rancho

State

NM

Zip Code

87124-8709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 11 / 2013

Transaction ID : 36334277

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Jeffrey Fries

Mailing Address 321 MONTEREY WAY

City

VANCOUVER

State

WA

Zip Code

98661-6049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 11 / 2013

Transaction ID : 36334279

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Dirk Schrotenboer

Mailing Address 10729 Deer Ridge Ct

City

Zeeland

State

MI

Zip Code

49464-6830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 11 / 2013

Transaction ID : 36334280

Amount of Each Receipt this Period

100.00

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

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

200.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Gregory W Kraupa

Mailing Address 4280 Reiland Ln

City
Shoreview

State
MN

Zip Code
55126-3127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

08 / 11 / 2013

Transaction ID : 36334281

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Dr Brian Cin

Mailing Address 17342 ALICE LOOP

City

EAGLE RIVER

State

AK

Zip Code

99577-7579

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

08 / 13 / 2013

Transaction ID : 36336029

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Edwin Endo

Mailing Address 98-828 HILIU PL

City

AIEA

State

HI

Zip Code

96701-2785

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

08 / 13 / 2013

Transaction ID : 36336030

Amount of Each Receipt this Period

41.66

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

133.66

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

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Gilbert Pierce

Mailing Address 8639 Olenbrook Dr

City

Lewis Center

State

OH

Zip Code

43035-8702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 13 / 2013

Transaction ID : 36336031

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Dr Jeffrey David Hill

Mailing Address 126 Treymoor Dr

City

Alabaster

State

AL

Zip Code

35007-3150

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

08 / 13 / 2013

Transaction ID : 36336034

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Dr Jeffrey K Smith

Mailing Address 145 Unity Ln

City

Crossett

State

AR

Zip Code

71635-9175

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 13 / 2013

Transaction ID : 36336035

Amount of Each Receipt this Period

200.00

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

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

295.00

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

Use separate schedule(s)
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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 William Aston II

Mailing Address 8500 Waterfront Ct

City

Fort Worth

State

TX

Zip Code

76179-2504

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 ▼

800.00

Date of Receipt

08 / 13 / 2013

Transaction ID : 36336036

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr James Dylan Vaught

Mailing Address 1305 Collins St

City

Conway

State

SC

Zip Code

29526-3624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

08 / 13 / 2013

Transaction ID : 36336037

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr William A Howe

Mailing Address 2415 K St

City

Sacramento

State

CA

Zip Code

95816-5001

FEC ID number of contributing
federal political committee.

C

Name of Employer

California Optometric Assn

Occupation

Executive Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2013

Transaction ID : 36336038

Amount of Each Receipt this Period

250.00

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Stephen Feltus

Mailing Address 2000 Memorial Dr Ste 6

City

St Johnsbury

State

VT

Zip Code

05819-8320

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

08 / 07 / 2013

Transaction ID : 36337827

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr Daniel Nowak

Mailing Address 2514 Skyline Oaks Dr

City

De Pere

State

WI

Zip Code

54115-8175

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

08 / 07 / 2013

Transaction ID : 36337828

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr Paul William Heersink

Mailing Address 2094 US HIGHWAY 160 W

City

MONTE VISTA

State

CO

Zip Code

81144-9357

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

08 / 02 / 2013

Transaction ID : 36341004

Amount of Each Receipt this Period

500.00

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

1100.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 14 / 2013

Transaction ID : 36342916

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Brian Plattner

Mailing Address 917 S Market St

City
Knoxville

State
IL

Zip Code
61448-1299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 14 / 2013

Transaction ID : 36342917

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

c. Dr Sarah C Gordon

Mailing Address 252 Inverness Center Dr

City
Birmingham

State
AL

Zip Code
35242-4834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 14 / 2013

Transaction ID : 36342919

Amount of Each Receipt this Period

50.00

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

176.67

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

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

Use separate schedule(s)
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☒ 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 Edward Magnus

Mailing Address Po Box 2144

City

Corrales

State

NM

Zip Code

87048-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 14 / 2013

Transaction ID : 36342920

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Greg Caldwell

Mailing Address 225 Terrace Dr

City

Lilly

State

PA

Zip Code

15938-5819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 14 / 2013

Transaction ID : 36342922

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr Heath Gilbert

Mailing Address 5277 SPLIT RAIL

City

DAYTON

State

OH

Zip Code

45429-1962

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 14 / 2013

Transaction ID : 36342923

Amount of Each Receipt this Period

91.25

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

307.92

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 Scott L Nehring

Mailing Address 32840 S Meridian Rd

City

Woodburn

State

OR

Zip Code

97071-8768

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 15 / 2013

Transaction ID : 36348980

Amount of Each Receipt this Period

42.00

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

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 15 / 2013

Transaction ID : 36348982

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Dr Charlotte F Nielsen

Mailing Address 1120 E Washington St

City

Grayslake

State

IL

Zip Code

60030-7960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 15 / 2013

Transaction ID : 36348985

Amount of Each Receipt this Period

100.00

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

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

183.67

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 15 / 2013

Transaction ID : 36348989

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Katherine Baughman

Mailing Address 931 Burrell Ave

City

Lewiston

State

ID

Zip Code

83501-4912

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

08 / 15 / 2013

Transaction ID : 36348990

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

c. Dr Randy Andregg

Mailing Address 11368 W Hickory Hill Ct

City

Boise

State

ID

Zip Code

83713-2467

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 15 / 2013

Transaction ID : 36348991

Amount of Each Receipt this Period

41.67

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

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

271.67

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 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

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2013

Transaction ID : 36348992

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Dr Gary P Walker

Mailing Address 1733 W Wildflower Ln

City

Twin Falls

State

ID

Zip Code

83301-3691

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2013

Transaction ID : 36348993

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

332.80

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2013

Transaction ID : 36348995

Amount of Each Receipt this Period

41.80

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

101.80

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 Jessica Peel

Mailing Address 3115 Silverwood St

City
BillingsState
MTZip Code
59102-0655FEC 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
08 / 15 / 2013

Transaction ID : 36348996

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

835.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2013

Transaction ID : 36348997

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

C. Dr Bruce Manning

Mailing Address 487 Whitebark Cir

City
WadsworthState
OHZip Code
44281-2299FEC 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 ▼

248.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 16 / 2013

Transaction ID : 36355770

Amount of Each Receipt this Period

31.00

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

248.00

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 Michele R Haranin

Mailing Address 301 Concord Rd

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

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.48

Date of Receipt

M M / D D / Y Y Y Y
08 / 16 / 2013

Transaction ID : 36355772

Amount of Each Receipt this Period

48.64

Full Name (Last, First, Middle Initial)

B. Dr Barry Frauens

Mailing Address 1750 NE 167th St

City

North Miami Beach

State

FL

Zip Code

33162-3017

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
08 / 16 / 2013

Transaction ID : 36356014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Jason R Kolodziejczyk

Mailing Address 1023 Buckand

City

Fremont

State

OH

Zip Code

43420-2805

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
08 / 17 / 2013

Transaction ID : 36356020

Amount of Each Receipt this Period

125.00

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

423.64

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

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr George W Veliky

Mailing Address 137 Oak Grove Ave

City

Hasbrouck Hts

State

NJ

Zip Code

07604-1225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

08 / 17 / 2013

Transaction ID : 36356023

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 17 / 2013

Transaction ID : 36356024

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 17 / 2013

Transaction ID : 36356025

Amount of Each Receipt this Period

85.00

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

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

215.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Lee Ann Barrett

Mailing Address 1199 E Morgan St

City Boonville State MO Zip Code 65233-1336

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 17 / 2013

Transaction ID : 36356026

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. 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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 17 / 2013

Transaction ID : 36356027

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. 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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

08 / 17 / 2013

Transaction ID : 36356028

Amount of Each Receipt this Period

40.00

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

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

140.00

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)

PAGE 33 OF 77

☒ 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.31

Date of Receipt

08 / 18 / 2013

Transaction ID : 36357743

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Dr Harue Jean Marsden

Mailing Address 1445 Prospect Ave Unit D

City

Placentia

State

CA

Zip Code

92870-3816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1555.20

Date of Receipt

08 / 19 / 2013

Transaction ID : 36357749

Amount of Each Receipt this Period

194.40

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 19 / 2013

Transaction ID : 36357750

Amount of Each Receipt this Period

30.42

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

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

308.15

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

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

FOR LINE NUMBER:
(check only one)

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Pamela J Blodgett

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 ▼

243.36

Date of Receipt

08 / 19 / 2013

Transaction ID : 36357751

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Dr Mitchell Todd Munson

Mailing Address 9940 ASHLEIGH WAY

City

HIGHLANDS RANCH

State

CO

Zip Code

80126-4244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1335.52

Date of Receipt

08 / 19 / 2013

Transaction ID : 36357752

Amount of Each Receipt this Period

166.94

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 ▼

1333.36

Date of Receipt

08 / 19 / 2013

Transaction ID : 36357753

Amount of Each Receipt this Period

166.67

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

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

364.03

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 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 20 / 2013

Transaction ID : 36372481

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Kathleen Goff

Mailing Address 114 CRESTED PEAK CT

City

SANTA TERESA

State

NM

Zip Code

88008-9423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

08 / 20 / 2013

Transaction ID : 36372482

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 20 / 2013

Transaction ID : 36372484

Amount of Each Receipt this Period

100.00

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

233.34

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Lynn Smith Hammonds

Mailing Address 2725 Smyer Rd

City

Vestavia

State

AL

Zip Code

35216-1026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.68

Date of Receipt

08 / 20 / 2013

Transaction ID : 36372485

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Marc Robert Bloomenstein

Mailing Address 5101 E CALAVAR RD

City

SCOTTSDALE

State

AZ

Zip Code

85254-2869

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 ▼

800.00

Date of Receipt

08 / 20 / 2013

Transaction ID : 36372489

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Robert Parks

Mailing Address 86 Darlene Dr

City

Wakefield

State

RI

Zip Code

02879-8307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2013

Transaction ID : 36372490

Amount of Each Receipt this Period

31.25

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

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

297.92

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 Jeffrey Gonnason

Mailing Address 6721 GLOUCESTER PL

City

ANCHORAGE

State

AK

Zip Code

99504-3343

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

672.00

Date of Receipt

08 / 20 / 2013

Transaction ID : 36372491

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. Dr Gregory Foley

Mailing Address 1210 R St NW Apt 104

City

Washington

State

DC

Zip Code

20009-4898

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

08 / 20 / 2013

Transaction ID : 36386548

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr David Hays

Mailing Address 8720 52nd Street Ct W

City

University Place

State

WA

Zip Code

98467-1758

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

672.00

Date of Receipt

08 / 21 / 2013

Transaction ID : 36386551

Amount of Each Receipt this Period

84.00

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

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

668.00

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 Paul Gustafson

Mailing Address 159 Sunflower St

City

Casper

State

WY

Zip Code

82604-3805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

08 / 21 / 2013

Transaction ID : 36386552

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Dr Kent Hillery

Mailing Address 16448 COUNTRY CLUB DR

City

PEOSTA

State

IA

Zip Code

52068-9710

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

08 / 21 / 2013

Transaction ID : 36386553

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Viktoria Davis

Mailing Address 310 E MAIN ST

City

MADELIA

State

MN

Zip Code

56062-1735

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 ▼

750.00

Date of Receipt

08 / 21 / 2013

Transaction ID : 36386554

Amount of Each Receipt this Period

250.00

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

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

335.00

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 Randolph Brooks

Mailing Address 3 Schindler Dr

City

Succasunna

State

NJ

Zip Code

07876-1183

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 21 / 2013

Transaction ID : 36386556

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

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

08 / 21 / 2013

Transaction ID : 36386557

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

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

08 / 21 / 2013

Transaction ID : 36386558

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**

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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 ▼

401.68

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2013

Transaction ID : 36386559

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 ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2013

Transaction ID : 36386562

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 ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 22 / 2013

Transaction ID : 36391039

Amount of Each Receipt this Period

85.00

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

301.26

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 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 ▼

243.36

Date of Receipt

08 / 22 / 2013

Transaction ID : 36391040

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 ▼

800.00

Date of Receipt

08 / 22 / 2013

Transaction ID : 36391041

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 ▼

315.00

Date of Receipt

08 / 22 / 2013

Transaction ID : 36391042

Amount of Each Receipt this Period

45.00

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

175.42

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert 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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 22 / 2013

Transaction ID : 36391043

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Joseph J Jordan Jr

Mailing Address 971 Suncook Valley Rd

City Alton State NH Zip Code 03809-5212

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 ▼

1333.36

Date of Receipt

08 / 23 / 2013

Transaction ID : 36391435

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr Louis Spinozzi Jr

Mailing Address 767 N White Tail Dr

City Franktown State CO Zip Code 80116-8832

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

08 / 23 / 2013

Transaction ID : 36391437

Amount of Each Receipt this Period

125.00

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

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

333.34

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 Paul Anton Hodge

Mailing Address 3042 118th Ave

City

Allegan

State

MI

Zip Code

49010-9555

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 23 / 2013

Transaction ID : 36391438

Amount of Each Receipt this Period

50.00

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

08 / 23 / 2013

Transaction ID : 36391440

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1226.69

Date of Receipt

08 / 23 / 2013

Transaction ID : 36391441

Amount of Each Receipt this Period

166.67

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

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

383.34

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 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 ▼

1336.00

Date of Receipt

08 / 23 / 2013

Transaction ID : 36391443

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

B. Dr Rebecca H Wartman

Mailing Address 46 Lambeth Walk

City

Fairview

State

NC

Zip Code

28730-7721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

08 / 23 / 2013

Transaction ID : 36391445

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

c. Dr Jeff A Hayden

Mailing Address 679 Plumtree Ln

City

Fenton

State

MI

Zip Code

48430-4207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 23 / 2013

Transaction ID : 36391447

Amount of Each Receipt this Period

100.00

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

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

467.00

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

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jacqueline Bowen

Mailing Address 3930 W 19th Street Ln

City State Zip Code
 Greeley CO 80634-3446

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 Y
 08 24 2013

Transaction ID : 36394132

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Pierre J Ancil

Mailing Address 12 Garden Dr

City State Zip Code
 Colorado Spgs CO 80904-4414

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 Y
 08 24 2013

Transaction ID : 36394134

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 State Zip Code
 CENTENNIAL CO 80112-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 24 2013

Transaction ID : 36394135

Amount of Each Receipt this Period

50.00

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

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

150.00

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 Dori Carlson

Mailing Address 121 Briggs Ave N

City

Park River

State

ND

Zip Code

58270-4507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 24 / 2013

Transaction ID : 36394139

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Steven Thomas Reed

Mailing Address 4550 Simpson Highway 28 W

City

Magee

State

MS

Zip Code

39111-5187

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 24 / 2013

Transaction ID : 36394143

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

C. Dr Randall Hoch

Mailing Address 206 Fox Farm Rd

City

Lewistown

State

MT

Zip Code

59457-8696

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 24 / 2013

Transaction ID : 36394144

Amount of Each Receipt this Period

100.00

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

356.67

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

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

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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 Ashley Mc Ferron

Mailing Address 5079 W Sunset Dr

City

Lake Oswego

State

OR

Zip Code

97035-4253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

08 / 25 / 2013

Transaction ID : 36394146

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 25 / 2013

Transaction ID : 36394147

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.64

Date of Receipt

08 / 25 / 2013

Transaction ID : 36394149

Amount of Each Receipt this Period

53.33

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

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

137.00

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr John Bowen

Mailing Address 2570 Northshore Blvd Ste 200

City State Zip Code
 Flower Mound TX 75028-8386

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 ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 25 2013

Transaction ID : 36394151

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. Dr Stacie Layne Virden

Mailing Address 4324 Green Point Dr

City State Zip Code
 Waco TX 76710-1406

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 ▼

727.28

Date of Receipt

M M / D D / Y Y Y Y Y
 08 25 2013

Transaction ID : 36394152

Amount of Each Receipt this Period

90.91

Full Name (Last, First, Middle Initial)

C. 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 25 2013

Transaction ID : 36394153

Amount of Each Receipt this Period

50.00

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

224.91

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 Frederick Darin

Mailing Address 405 TIRRELL RD

City
CHARLOTTE

State Zip Code
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 ▼

666.64

Date of Receipt

08 / 25 / 2013

Transaction ID : 36394154

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Dr Mamie Cassandra Chan

Mailing Address 13713 Vic Rd NE

City
Albuquerque

State Zip Code
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 ▼

400.00

Date of Receipt

08 / 25 / 2013

Transaction ID : 36394155

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Dr Mark R Lee

Mailing Address Po Box 184

City
Blue Diamond

State Zip Code
NV 89004-0184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 25 / 2013

Transaction ID : 36394156

Amount of Each Receipt this Period

30.00

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

163.33

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

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

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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 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 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 ▼

666.72

Date of Receipt

08 / 25 / 2013

Transaction ID : 36394157

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Dr Gerald Neidigh Jr

Mailing Address 3030 Middlewood Rd

City

Midlothian

State

VA

Zip Code

23113-2167

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

08 / 25 / 2013

Transaction ID : 36394159

Amount of Each Receipt this Period

250.00

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 ▼

927.28

Date of Receipt

08 / 25 / 2013

Transaction ID : 36394161

Amount of Each Receipt this Period

90.91

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

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

424.25

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 Pamela E Theriot

Mailing Address 612 University Ave

City

Syracuse

State

NY

Zip Code

13210-1807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 26 / 2013

Transaction ID : 36394164

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr D. Cory Rath

Mailing Address 10748 SPRUCEDALE AVE

City

LAS VEGAS

State

NV

Zip Code

89144-4401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 26 / 2013

Transaction ID : 36394165

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Dr Richard L Talkington

Mailing Address Po Box 521

City

Franklin

State

NH

Zip Code

03235-0521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 26 / 2013

Transaction ID : 36394166

Amount of Each Receipt this Period

100.00

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

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

250.00

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 Barry J Jose

Mailing Address 2409 Wintersteen Rd

City

Plattsmouth

State

NE

Zip Code

68048-8958

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 26 / 2013

Transaction ID : 36394167

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Audie M Teague Jr

Mailing Address 105 Friar Tuck Ln

City

Prescott

State

AR

Zip Code

71857-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

672.00

Date of Receipt

08 / 26 / 2013

Transaction ID : 36394168

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

c. Dr Carl J Urbanski

Mailing Address 125 Ice Lake Dr

City

Mountain Top

State

PA

Zip Code

18707-9650

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 12 / 2013

Transaction ID : 36394173

Amount of Each Receipt this Period

250.00

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

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

375.67

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Avery T Jones

Mailing Address 1386 S 38Th St

City

Grand Forks

State

ND

Zip Code

58201-3708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 12 / 2013

Transaction ID : 36394174

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr L. Bruce Mebine

Mailing Address 1728 DELAWARE ST

City

BERKELEY

State

CA

Zip Code

94703-1327

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
08 / 12 / 2013

Transaction ID : 36394176

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr Lori Lynn Blackmer

Mailing Address 700 Pine St

City

Picayune

State

MS

Zip Code

39466-2566

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
08 / 15 / 2013

Transaction ID : 36394180

Amount of Each Receipt this Period

300.00

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

850.00

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

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

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

FOR LINE NUMBER:
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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 Jonathan Bowman

Mailing Address 15024 BANFF CT

City

BATON ROUGE

State

LA

Zip Code

70819-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 15 / 2013

Transaction ID : 36394182

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr Rose Marie Betz

Mailing Address 7300 N Bluff Dr

City

Tuscaloosa

State

AL

Zip Code

35406-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

08 / 15 / 2013

Transaction ID : 36394183

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr David W Wineland

Mailing Address 8400 Concord Rd

City

Johnstown

State

OH

Zip Code

43031-8154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1018.00

Date of Receipt

08 / 16 / 2013

Transaction ID : 36394190

Amount of Each Receipt this Period

127.25

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

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

527.25

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

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

FOR LINE NUMBER: PAGE 55 OF 77

(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 Patricia M Feiten

Mailing Address 1918 3Rd Ave

City State Zip Code
 Seattle WA 98101-1105

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
 08 19 2013

Transaction ID : 36395137

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Dr Barbara Masiello

Mailing Address 8805 GRANTHAM CT

City State Zip Code
 BRISTOW VA 20136-2036

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
 08 19 2013

Transaction ID : 36395138

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 27 2013

Transaction ID : 36395753

Amount of Each Receipt this Period

50.00

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

700.00

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

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

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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 Maryjane Healey

Mailing Address 6710 124Th PI Se

City

Snohomish

State

WA

Zip Code

98296-8649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

08 / 27 / 2013

Transaction ID : 36395754

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Sue Lowe

Mailing Address 1704 Skyline Rd

City

Laramie

State

WY

Zip Code

82070-8932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

08 / 28 / 2013

Transaction ID : 36397318

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr Neil Draisin

Mailing Address 21 FAIRWAY VILLAGE LN

City

ISLE OF PALMS

State

SC

Zip Code

29451-2732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 28 / 2013

Transaction ID : 36397319

Amount of Each Receipt this Period

41.67

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

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

408.34

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

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jennifer M. Smi Zolman

Mailing Address 141 Sea Cotton Cir

City

Charleston

State

SC

Zip Code

29412-8296

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 28 / 2013

Transaction ID : 36397320

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Peter H Kehoe

Mailing Address 789 N Broad St

City

Galesburg

State

IL

Zip Code

61401-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 28 / 2013

Transaction ID : 36397321

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

ALBUQUERQUE

State

NM

Zip Code

87114-6120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 28 / 2013

Transaction ID : 36397322

Amount of Each Receipt this Period

83.34

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

300.01

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

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

Use separate schedule(s)
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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 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 ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2013

Transaction ID : 36397324

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 ▼

266.72

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2013

Transaction ID : 36397326

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 ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2013

Transaction ID : 36397328

Amount of Each Receipt this Period

200.00

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

400.01

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Carey Patrick

Mailing Address 970 Patrician Ct

City State Zip Code
 Fairview TX 75069-8781

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 28 / 2013

Transaction ID : 36397329

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Mira Swiecicki

Mailing Address 664 Clark Rd

City State Zip Code
 Bellingham WA 98225-7842

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 ▼

1356.22

Date of Receipt

08 / 28 / 2013

Transaction ID : 36397330

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 State Zip Code
 Lake Oswego OR 97035-4253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 28 / 2013

Transaction ID : 36397331

Amount of Each Receipt this Period

42.00

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

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

304.00

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 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 ▼

243.36

Date of Receipt

08 / 28 / 2013

Transaction ID : 36397334

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. 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 ▼

400.00

Date of Receipt

08 / 28 / 2013

Transaction ID : 36397336

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

634.00

Date of Receipt

08 / 28 / 2013

Transaction ID : 36397342

Amount of Each Receipt this Period

167.00

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

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

247.42

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 Richard Edlow

Mailing Address 8913 GRIFFIN WAY

City

BALTIMORE

State

MD

Zip Code

21208-1424

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 ▼

669.48

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2013

Transaction ID : 36397344

Amount of Each Receipt this Period

82.64

Full Name (Last, First, Middle Initial)

B. Dr David Frazee

Mailing Address 4962 Shoreline Dr

City

Frisco

State

TX

Zip Code

75034-4058

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2013

Transaction ID : 36397345

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr Hilaire Pressley

Mailing Address 8635 W Sahara Ave

City

Las Vegas

State

NV

Zip Code

89117-5858

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2013

Transaction ID : 36397346

Amount of Each Receipt this Period

50.00

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

332.64

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 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 ▼

333.36

Date of Receipt

08 / 28 / 2013

Transaction ID : 36397347

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 ▼

1273.10

Date of Receipt

08 / 28 / 2013

Transaction ID : 36397348

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 ▼

840.00

Date of Receipt

08 / 28 / 2013

Transaction ID : 36397349

Amount of Each Receipt this Period

120.00

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

343.55

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr James H Moser Jr

Mailing Address 8250 Quail Hollow Dr

City

Texarkana

State

TX

Zip Code

75503-9652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 28 / 2013

Transaction ID : 36397350

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr William R Burges

Mailing Address 405 Paris St

City

Castroville

State

TX

Zip Code

78009-4511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 28 / 2013

Transaction ID : 36397352

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 28 / 2013

Transaction ID : 36397353

Amount of Each Receipt this Period

50.00

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

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

450.00

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 Michael Bennett

Mailing Address 4940 Victoria Pl

City State Zip Code
 Guthrie OK 73044-8668

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 ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y Y
 08 28 2013

Transaction ID : 36397356

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Donald Shute

Mailing Address 809 N 49th Ct

City State Zip Code
 Yakima WA 98908-2517

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 ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 28 2013

Transaction ID : 36399434

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Kim Ashbrook Baxter

Mailing Address 1211 Custer Ct

City State Zip Code
 North Platte NE 69101-6313

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
 08 02 2013

Transaction ID : 36413378

Amount of Each Receipt this Period

400.00

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

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

1066.67

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

Use separate schedule(s)
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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 Brian D Brightman

Mailing Address 14000 Brush Creek Pl

City State Zip Code
 Roca NE 68430-4403

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

08 / 02 / 2013

Transaction ID : 36413380

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Dr James Devine

Mailing Address 8600 Martell Rd

City State Zip Code
 Hickman NE 68372-9789

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

08 / 02 / 2013

Transaction ID : 36413383

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Dr Courtney Goetsch

Mailing Address 105 S 13th Place Cir

City State Zip Code
 Norfolk NE 68701-4810

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

08 / 02 / 2013

Transaction ID : 36413391

Amount of Each Receipt this Period

400.00

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

1200.00

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

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. DR Scott Greder

Mailing Address 2105 S 63rd St Apt 8

City State Zip Code
 Omaha NE 68106-2100

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

08 / 02 / 2013

Transaction ID : 36413394

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Brian Donald Hinkley

Mailing Address 5430 Sawgrass Dr

City State Zip Code
 Lincoln NE 68526-9625

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

08 / 02 / 2013

Transaction ID : 36413395

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

c. Dr Chad S Hudnall

Mailing Address 4109 Norseman Ave

City State Zip Code
 Grand Island NE 68803-2254

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

08 / 02 / 2013

Transaction ID : 36413398

Amount of Each Receipt this Period

400.00

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

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

1000.00

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

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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 Kincaid

Mailing Address 560 200Th St

City

Dakota City

State

NE

Zip Code

68731-3047

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

08 / 02 / 2013

Transaction ID : 36413400

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Dr Cherie S Lodl

Mailing Address 22577 Capehart Rd

City

Gretna

State

NE

Zip Code

68028-4821

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

08 / 02 / 2013

Transaction ID : 36413407

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Dr John Todd Mahoney

Mailing Address 1301 Meadowlark Dr

City

Scottsbluff

State

NE

Zip Code

69361-4918

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

08 / 02 / 2013

Transaction ID : 36413408

Amount of Each Receipt this Period

300.00

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

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

1100.00

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

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 Walter C Mc Cormick

Mailing Address 924 Tibbals St

City

Holdrege

State

NE

Zip Code

68949-1653

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

08 / 02 / 2013

Transaction ID : 36413410

Amount of Each Receipt this Period

204.00

Full Name (Last, First, Middle Initial)

B. Dr Steven Gerald Miller

Mailing Address 1302 Eldorado Rd

City

Norfolk

State

NE

Zip Code

68701-3006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 02 / 2013

Transaction ID : 36413413

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

c. Dr Jeffrey Thomas O'Connor

Mailing Address 3521 SUNSET DR

City

NORTH PLATTE

State

NE

Zip Code

69101-0327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 02 / 2013

Transaction ID : 36413416

Amount of Each Receipt this Period

400.00

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

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

1004.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jeffrey Wade Pape

Mailing Address 84643 Buckskin Rd

City

Norfolk

State

NE

Zip Code

68701-9604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 02 / 2013

Transaction ID : 36413417

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Dr Todd David Pfeil

Mailing Address 8900 Truchard Rd

City

Lincoln

State

NE

Zip Code

68526-9720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 02 / 2013

Transaction ID : 36413418

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Dr Scott C Reins

Mailing Address 6500 Vanderslice Ln

City

Lincoln

State

NE

Zip Code

68516-9247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 02 / 2013

Transaction ID : 36413421

Amount of Each Receipt this Period

400.00

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

1200.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Steven P Sandman

Mailing Address 1806 Wildwood Cir

City

Beatrice

State

NE

Zip Code

68310-5149

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

08 / 02 / 2013

Transaction ID : 36413423

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Dr Kimberly J Tucker

Mailing Address 2710 Woodcrest Ave

City

Lincoln

State

NE

Zip Code

68502-4059

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

08 / 02 / 2013

Transaction ID : 36413428

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Dr Theodore Raymon Vorhies

Mailing Address 2941 Jackson Dr

City

Lincoln

State

NE

Zip Code

68502-5037

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

08 / 02 / 2013

Transaction ID : 36413431

Amount of Each Receipt this Period

240.00

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

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

1040.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

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 ▼

341.67

Date of Receipt

08 / 29 / 2013

Transaction ID : 36413521

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Paul Klein

Mailing Address 2445 Ne 195Th St

City State Zip Code
 Miami FL 33180-2160

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 ▼

425.00

Date of Receipt

08 / 29 / 2013

Transaction ID : 36413522

Amount of Each Receipt this Period

425.00

Full Name (Last, First, Middle Initial)

c. Dr Dennis Rabe

Mailing Address 17 Shady Ln

City State Zip Code
 Auburn IL 62615-9460

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

08 / 29 / 2013

Transaction ID : 36413525

Amount of Each Receipt this Period

250.00

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

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

716.67

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

Use separate schedule(s)
for each category of the
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 Jewell Elaine Ginter

Mailing Address 4905 97Th St

City

Lubbock

State

TX

Zip Code

79424-4804

FEC ID number of 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

08 / 30 / 2013

Transaction ID : 36415832

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Roger Joseph Trudell

Mailing Address 2565 Tamarack Ave

City

Boulder

State

CO

Zip Code

80304-0990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

08 / 30 / 2013

Transaction ID : 36415833

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Joe Gregg Prell

Mailing Address 545 Reed St

City

Reedsburg

State

WI

Zip Code

53959-1302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

08 / 30 / 2013

Transaction ID : 36415834

Amount of Each Receipt this Period

200.00

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

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

1700.00

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

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

FOR LINE NUMBER:
(check only one)

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr 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 ▼

704.00

Date of Receipt

08 / 30 / 2013

Transaction ID : 36415835

Amount of Each Receipt this Period

88.00

Full Name (Last, First, Middle Initial)

B. Dr Joe Gregg Prell

Mailing Address 545 Reed St

City

Reedsburg

State

WI

Zip Code

53959-1302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 30 / 2013

Transaction ID : 36415837

Amount of Each Receipt this Period

200.00

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

Amount of Each Receipt this Period

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

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

288.00

33239.00

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

American Optometric Association Political Action Committee

A. WellsFargo

Mailing Address 1650 Tyson Blvd.

City	State	Zip Code
McLean	VA	22102

Purpose of Disbursement	Bank Fees

Candidate Name

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

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

Date of Disbursement

Three digital displays are shown side-by-side. The first display shows '08' with two small squares above it. The second display shows '12' with two small squares above it. The third display shows '2013' with four small squares above it. The displays are separated by slashes.

Transaction ID : 36448653

Amount of Each Disbursement this Period

959.21

Bank Fees

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 790251

City	State	Zip Code
St. Louis	MO	63179

Purpose of Disbursement American Express Fees

Candidate Name

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

Disbursement For:

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

Date of Disbursement

MM / DD / YYYY

Transaction ID : 36448686

Amount of Each Disbursement this Period

342.16

American Express Fees

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 790251

City	State	Zip Code
St. Louis	MO	63179

[illegible]

Candidate Name

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

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : 36448687

Amount of Each Disbursement this Period

423.40

Visa/MC Fees

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

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

1724.77

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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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 15 2013**Transaction ID : 36448688**

Amount of Each Disbursement this Period

80.68

Bank Fees

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / 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

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / 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)..... ►

80.68

1805.45

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. Alaskans For Don Young Inc.

Mailing Address 2504 Fairbanks Street

City	State	Zip Code
Anchorage	AK	99503

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Don E. Young

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: AK	District: 00

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

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2013

Transaction ID : 36448696

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Jaime For Congress

Mailing Address PO Box 1614

City	State	Zip Code
Ridgefield	WA	98642

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Jaime Herrera-Beutler

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: WA	District: 03

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

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2013

Transaction ID : 36448699

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Mccaual For Congress, IncMailing Address 815-A Brazos Street
Pmb 230

City	State	Zip Code
Austin	TX	78701

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Michael T. McCaul

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: TX	District: 10

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

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2013

Transaction ID : 36448700

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

3000.00

3000.00

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

American Optometric Association Political Action Committee

Three credit cards are shown side-by-side. The first card has the number 08, the second has 02, and the third has 2013. Each card has a small logo in the top left corner consisting of two letters and a small square. The first card's logo is 'M M', the second is 'D D', and the third is 'Y Y Y Y'.

Category/
Type

Contribution

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

10000.00

10000.00