

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 Alexandria VA 22314

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00024968

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

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

Election on 11 / 08 / 2016 in the State of

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

Election on / / in the State of

5. Covering Period 10 / 01 / 2016 through 10 / 19 / 2016

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

Dubrick, Fred, , O.D.

Type or Print Name of Treasurer

Signature of Treasurer

Dubrick, Fred, , O.D.

[Electronically Filed]

Date

10 / 25 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**American Optometric Association Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		474007.69
(b) Cash on Hand at Beginning of Reporting Period.....	444173.14	
(c) Total Receipts (from Line 19) .....	46297.79	798420.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	490470.93	1272428.13
7. Total Disbursements (from Line 31).....	74633.78	856590.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	415837.15	415837.15
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name

**American Optometric Association Political Action Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2016 To: M M / D D / Y Y Y Y 10 / 19 / 2016

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).....	33388.14	583924.35
(ii) Unitemized .....	12884.44	209216.44
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	46272.58	793140.79
(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) .....	46272.58	793140.79
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	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	25.21	279.65
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)).....▶	46297.79	798420.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	46297.79	798420.44

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	2133.78	123390.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2133.78	123390.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	72500.00	712000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	1200.00
(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	1200.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	20000.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	74633.78	856590.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	74633.78	856590.98

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	46272.58	793140.79
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	46272.58	791940.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2133.78	123390.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2133.78	123390.98

**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)	PAGE 6 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Esperon, Matthew, E, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 392 Kinderkamack Rd

City Hillsdale	State NJ	Zip Code 07642-1643
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2016

**Transaction ID : 40006516**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Caldwell, Gregory, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 Terrace Dr

City Lilly	State PA	Zip Code 15938-5819
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.03

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2016

**Transaction ID : 40006517**

Amount of Each Receipt this Period  
166.67

Memo Item

**C. Cote, Paul Philippe, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 Little Androscoggin Dr

City Auburn	State ME	Zip Code 04210-8884
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
416.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2016

**Transaction ID : 40006518**

Amount of Each Receipt this Period  
41.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	308.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Gjurich, Dana, C, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 Terrace Dr

City Lilly	State PA	Zip Code 15938-5819
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2016

**Transaction ID : 40006519**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. Wartman, Rebecca, H, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 46 Lambeth Walk

City Fairview	State NC	Zip Code 28730-7721
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2016

**Transaction ID : 40006520**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Triebel, Beth, E, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3429 Scenic Valley Dr

City Wdm	State IA	Zip Code 50265-5798
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2016

**Transaction ID : 40006521**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jones, Kimberly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14450 NE 29th Place  
 Ste. 115  
 City Bellevue State WA Zip Code 98007-3697  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optometric Physicians of Washington Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2016  
**Transaction ID : 40006522**  
 Amount of Each Receipt this Period  
 51.00  
 Memo Item

**B. Sorensen, Robert, A, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8445 N Government Way  
 City Hayden State ID Zip Code 83835-9280  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2016  
**Transaction ID : 40006527**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

**C. Weisgerber, Michael, P, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8045 Wacobee Dr  
 City Myrtle Beach State SC Zip Code 29579-5228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 331.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2016  
**Transaction ID : 40006528**  
 Amount of Each Receipt this Period  
 33.19  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	126.19
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Optometric Association Political Action Committee**

**A. Hopping, Ronald, Lee, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry, MPH  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **857.16**

Date of Receipt **10 / 02 / 2016**  
**Transaction ID : 40006529**  
 Amount of Each Receipt this Period **71.43**  
 Memo Item

**B. Hopping, Desiree, Tyer, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **428.60**

Date of Receipt **10 / 02 / 2016**  
**Transaction ID : 40006530**  
 Amount of Each Receipt this Period **35.72**  
 Memo Item

**C. Parker, David, L, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **691.69**

Date of Receipt **10 / 02 / 2016**  
**Transaction ID : 40006531**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>207.15</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Beyer, Dirk, Michael, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 709 S 5th St  
 City Hamilton State MT Zip Code 59840-2755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1477.32

Date of Receipt 10 / 02 / 2016  
**Transaction ID : 40006532**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

**B. DeVleming, James, P, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 670 SE Meadow Vale Dr  
 City Pullman State WA Zip Code 99163-2445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1336.00

Date of Receipt 10 / 02 / 2016  
**Transaction ID : 40006533**  
 Amount of Each Receipt this Period 167.00  
 Memo Item

**C. Allen, Robert, M, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22549 Howardsville Woods Ct  
 City Ashburn State VA Zip Code 20148-6729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1050.00

Date of Receipt 10 / 02 / 2016  
**Transaction ID : 40006535**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	533.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Cook, Paul, H., Dr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 2700

City Frisco	State CO	Zip Code 80443-2700
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2016

**Transaction ID : 40006537**

Amount of Each Receipt this Period  
120.00

Memo Item

**B. Birch, Jared, E, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1202 Ashland Dr

City Ammon	State ID	Zip Code 83406-4574
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2016

**Transaction ID : 40006538**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Tillman, James, H, Dr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14330 Heath River Falls Rd

City Andalusia	State AL	Zip Code 36421-1981
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2016

**Transaction ID : 40006545**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	195.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Davis, Lynn, Annette, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6546 Jacal Ct NW

City Albuquerque	State NM	Zip Code 87114-6120
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1666.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

**Transaction ID : 40006546**

Amount of Each Receipt this Period  
166.67

Memo Item

**B. Leoni, Melissa, L, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29 Olde Farm Rd

City Ona	State WV	Zip Code 25545-9729
-------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

**Transaction ID : 40006548**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Anderson, David, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5567 Shepard Rd

City Miamisburg	State OH	Zip Code 45342-4728
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

**Transaction ID : 40006549**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	241.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Naftali, Paul Eliot, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 489 Carlton Rd

City Wyckoff	State NJ	Zip Code 07481-1240
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

**Transaction ID : 40006550**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Archer, Cheryl, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 518 Erie Ct

City Bowling Green	State OH	Zip Code 43402-2745
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

**Transaction ID : 40010405**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Alsop, Jenny, N, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2915 W Grace St # A

City Richmond	State VA	Zip Code 23221-1408
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

**Transaction ID : 40011040**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	575.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Burks, Scott, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1010.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2016

**Transaction ID : 40011041**

Amount of Each Receipt this Period  
95.00

Memo Item

**B. Carroll, Martin, H, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3700 Essex Rd

City Cheyenne	State WY	Zip Code 82001-1641
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2016

**Transaction ID : 40011042**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. Poulter, William, Craig, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3679 W 8110 S

City West Jordan	State UT	Zip Code 84088-4458
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2016

**Transaction ID : 40011043**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Wells, Mark, Turner, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2523 Starlight Ct

City Cheyenne	State WY	Zip Code 82009-9747
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

**Transaction ID : 40011047**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Shirey, Mark, W, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1095 Dominion Dr E

City Mobile	State AL	Zip Code 36695-8475
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

**Transaction ID : 40011048**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Lodwick, Richard, K, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3501 Mallard Cv

City Williamsburg	State VA	Zip Code 23185-8406
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

**Transaction ID : 40011125**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Hertneky, George, W, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16862 County Road 28

City Brush	State CO	Zip Code 80723-9424
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		05		2016

**Transaction ID : 40018247**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Durham, Jeremy, M., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1233 N Seasons Ct

City Goddard	State KS	Zip Code 67052-8534
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		05		2016

**Transaction ID : 40018250**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Wallace, Michael, Gerard, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3366 Ambleside Dr

City Flushing	State MI	Zip Code 48433-9784
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
378.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		05		2016

**Transaction ID : 40018251**

Amount of Each Receipt this Period  
42.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	142.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Furman, Donald, W, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3150 Taylor Ave

City Forest City	State IA	Zip Code 50436-8028
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2016

**Transaction ID : 40018252**

Amount of Each Receipt this Period  
83.33

Memo Item

**B. Boren, R., Andrew, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6360 Mae Anne Ave Ste 1

City Reno	State NV	Zip Code 89523-4719
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.01

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2016

**Transaction ID : 40018253**

Amount of Each Receipt this Period  
121.67

Memo Item

**C. Coulson, David, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3116 E Meadowbrook Ave

City Phoenix	State AZ	Zip Code 85016-5060
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2016

**Transaction ID : 40018259**

Amount of Each Receipt this Period  
1500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1705.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. McMunn, Elizabeth, C, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Quailcrest Rd

City East Lyme	State CT	Zip Code 06333-1328
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : 40019623**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Mc Avoy, Michael Shawn, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 Bunker Hill Rd

City Collinsville	State CT	Zip Code 06019-3716
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : 40019777**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Chasse, Mark Richard, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 168 Wildermere Rd

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

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

**Transaction ID : 40019784**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Brauns, Renee, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12792 Bennington Common Lane

City Saint Louis	State MO	Zip Code 63146-2562
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Optometric Association	Occupation (for Individual) Associate Executive Director
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

**Transaction ID : 40020243**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Esarey, Mark, D, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1680 State Highway 130

City Charleston	State IL	Zip Code 61920-6752
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

**Transaction ID : 40020244**

Amount of Each Receipt this Period  
125.00

Memo Item

**C. Magnus, David, Edward, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

**Transaction ID : 40020245**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	675.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Deibert, Chris, R, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 Johnson Dr

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

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2016

**Transaction ID : 40020246**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. Insinga, John, F, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 Clover Ln

City Randolph	State NJ	Zip Code 07869-4529
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2016

**Transaction ID : 40020250**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Zigler, LaMar, G, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2955 Pickwick Dr

City Columbus	State OH	Zip Code 43221-2925
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2016

**Transaction ID : 40023680**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	580.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Showalter, Jill, K, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Stern Dr

City Williamstown	State WV	Zip Code 26187-1144
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

**Transaction ID : 40023681**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Foss, Richard, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address W5224 Knobloch Rd

City La Crosse	State WI	Zip Code 54601-2461
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

**Transaction ID : 40023682**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Eriksson, Lisa Martin, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 406 Valley View Road Ext

City Richmond	State VT	Zip Code 05477-9008
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

**Transaction ID : 40023683**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Barcelow, Dean, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6686 Vt Route 14

City S Royalton	State VT	Zip Code 05068-5500
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

**Transaction ID : 40023684**

Amount of Each Receipt this Period  
175.00

Memo Item

**B. Barcelow, Dean, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6686 Vt Route 14

City S Royalton	State VT	Zip Code 05068-5500
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

**Transaction ID : 40023685**

Amount of Each Receipt this Period  
175.00

Memo Item

**C. Baxter, Kim, Ashbrook, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1211 Custer Ct

City North Platte	State NE	Zip Code 69101-6313
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) 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
10		04		2016

**Transaction ID : 40023700**

Amount of Each Receipt this Period  
400.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Cheatham, Kyle, Mark, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18472 Van Camp Dr  
 City Omaha State NE Zip Code 68130-4251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 04 / 2016  
**Transaction ID : 40023707**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. Fett, Janet, Rose, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 517 S Ridge Dr  
 City S Sioux City State NE Zip Code 68776-3828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 266.67

Date of Receipt 10 / 04 / 2016  
**Transaction ID : 40023713**  
 Amount of Each Receipt this Period 66.67  
 Memo Item

**C. French, Scott, W, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2310 Cedarberry Ln  
 City North Platte State NE Zip Code 69101-5966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 04 / 2016  
**Transaction ID : 40023717**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	766.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Gengenbach, Eric, R, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32830 Road 761

City Grant	State NE	Zip Code 69140-3202
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
266.67

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

**Transaction ID : 40023719**

Amount of Each Receipt this Period  
66.67

Memo Item

**B. Gengenbach, Victoria, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32830 Road 761

City Grant	State NE	Zip Code 69140-3202
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
266.67

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

**Transaction ID : 40023720**

Amount of Each Receipt this Period  
66.67

Memo Item

**C. Greder, Scott, L, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20008 Dewey Ave

City Elkhorn	State NE	Zip Code 68022-2769
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
266.66

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

**Transaction ID : 40023723**

Amount of Each Receipt this Period  
66.66

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Klemke, Matthew, F, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19264 Williams St

City Omaha	State NE	Zip Code 68130-3017
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
233.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

**Transaction ID : 40023728**

Amount of Each Receipt this Period  
33.60

Memo Item

**B. Crown, Jennifer, R, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21126 SE 28th Pl

City Sammamish	State WA	Zip Code 98075-7417
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

**Transaction ID : 40024303**

Amount of Each Receipt this Period  
365.00

Memo Item

**C. Theriot, Pamela, Elaine, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1708 Castlewood Dr

City Bossier City	State LA	Zip Code 71111-5137
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

**Transaction ID : 40054317**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	448.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Powell, Kathleen, E, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

**Transaction ID : 40054318**

Amount of Each Receipt this Period  
85.00

Memo Item

**B. Chu, Gary, Yiu-Kin, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 Buckman Dr

City Lexington	State MA	Zip Code 02421-5925
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

**Transaction ID : 40054319**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Schneebeck, Jeri, Ann, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10036 E Pinewood Dr

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

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

**Transaction ID : 40055967**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	335.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Riskedahl, Dean, E, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2092 32nd Ave NE

City Issaquah	State WA	Zip Code 98029-7349
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		08		2016

**Transaction ID : 40055968**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Plowmaker Carrasco, Melissa, Kay, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Egret Cir

City Denver	State PA	Zip Code 17517-9624
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) 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
10		08		2016

**Transaction ID : 40055969**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Deom, James, E, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 448 E County Rd

City Drums	State PA	Zip Code 18222-1618
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) 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
10		08		2016

**Transaction ID : 40055970**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Woo, Stanley, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5190 Via Carretas

City Yorba Linda	State CA	Zip Code 92886-4554
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry, MBA
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		08		2016

**Transaction ID : 40055971**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Jensen, Paul, S., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4717 132nd Ave SE

City Bellevue	State WA	Zip Code 98006-2132
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) 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
10		08		2016

**Transaction ID : 40055972**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Coble, John, D, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1666.70

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		09		2016

**Transaction ID : 40055985**

Amount of Each Receipt this Period  
166.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	516.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Christoph, Richard, P, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2444 Garfield Ave

City West Lawn	State PA	Zip Code 19609-1902
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
418.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : 40055988**

Amount of Each Receipt this Period  
40.90

Memo Item

**B. Tope, Larry, E, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 252

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

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : 40055990**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Davis, Jennifer, E, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 Handley Way

City Afton	State VA	Zip Code 22920-1554
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
416.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : 40055991**

Amount of Each Receipt this Period  
41.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	112.57
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Lauffenburger, Rebecca, J, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8693 Bechtel Rd

City Orrville	State OH	Zip Code 44667-9548
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2016

**Transaction ID : 40055992**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Bowen, Jacqueline, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3930 W 19th Street Ln

City Greeley	State CO	Zip Code 80634-3446
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1636.38

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : 40055995**

Amount of Each Receipt this Period  
181.82

Memo Item

**C. Parker, Adam, P, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10800 Rimbey Ct

City Glen Allen	State VA	Zip Code 23060-6481
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) 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
10		10		2016

**Transaction ID : 40055996**

Amount of Each Receipt this Period  
83.34

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	290.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Birch, Todd, F, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 984 W Riverview Dr

City Idaho Falls	State ID	Zip Code 83401-5679
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : 40055997**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Sonsino, Jeffrey, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2817 West End Ave Ste 117

City Nashville	State TN	Zip Code 37203-1481
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : 40055998**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Wong, Michelle, W., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2135 Desert Prairie St

City Las Vegas	State NV	Zip Code 89135-1093
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

**Transaction ID : 40055999**

Amount of Each Receipt this Period  
90.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	190.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Estevez, Joselyn Licelo, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 253 Cozy Lake Rd

City Oak Ridge	State NJ	Zip Code 07438-9138
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2016

**Transaction ID : 40056002**

Amount of Each Receipt this Period  
42.00

Memo Item

**B. Lenane, Patrick, Andrew, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2721 N 13th St

City Fort Dodge	State IA	Zip Code 50501-7210
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2016

**Transaction ID : 40056003**

Amount of Each Receipt this Period  
50.00

Memo Item

**c. Lin, Susan, Y, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Vardon Way

City Farmingdale	State NJ	Zip Code 07727-3955
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2016

**Transaction ID : 40056004**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	142.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Kohn, Jennifer, L, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 203 S Sangamon St Apt 108

City Chicago	State IL	Zip Code 60607-3010
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2016

**Transaction ID : 40056005**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Nguyen, Judy, Thi Thu Hong, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6247 Jarvis Ave

City Newark	State CA	Zip Code 94560-1212
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

**Transaction ID : 40056875**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. Babcock, Taylor, D, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3313 Sheridan Rd

City Portsmouth	State OH	Zip Code 45662-2335
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

**Transaction ID : 40056876**

Amount of Each Receipt this Period  
125.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Brtva, Dennis, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1686.38

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

**Transaction ID : 40056878**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. Breckenridge, Bruce, F, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16921 SE Stoneybrook Ct

City Clackamas	State OR	Zip Code 97015-6701
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

**Transaction ID : 40056879**

Amount of Each Receipt this Period  
60.00

Memo Item

**C. Buchanan, Steven, Matthew, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5018 Petrified Forest Trl

City Colorado Spgs	State CO	Zip Code 80924-2911
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

**Transaction ID : 40056880**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	310.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. McCormick, Walter, Craig, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
272.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2016

**Transaction ID : 40056976**

Amount of Each Receipt this Period  
68.00

Memo Item

**B. Salansky, Paul, L, Dr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 121 N 8th St

City Nebraska City	State NE	Zip Code 68410-2456
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
266.67

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2016

**Transaction ID : 40056984**

Amount of Each Receipt this Period  
66.67

Memo Item

**C. Toelle, Mark, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16258 Craig Ave

City Bennington	State NE	Zip Code 68007-1885
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
266.66

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2016

**Transaction ID : 40056986**

Amount of Each Receipt this Period  
66.66

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	201.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Vandervort, Robert, Stephen, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16019 Lake Cir

City Omaha	State NE	Zip Code 68116-2425
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
266.67

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

**Transaction ID : 40056987**

Amount of Each Receipt this Period  
66.67

Memo Item

**B. Vandervort, Vicky, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16019 Lake Cir

City Omaha	State NE	Zip Code 68116-2425
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
266.67

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

**Transaction ID : 40056988**

Amount of Each Receipt this Period  
66.67

Memo Item

**C. Wright, Darren, J, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1702 M St

City Auburn	State NE	Zip Code 68305-2146
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
266.67

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

**Transaction ID : 40056991**

Amount of Each Receipt this Period  
66.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Roth, Carl, J, Dr., III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 N 7th Ave  
 City Bozeman State MT Zip Code 59715-3304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 376.67

Date of Receipt 10 / 11 / 2016  
**Transaction ID : 40064276**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

**B. Michaud, Jeffrey, P, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 68 Old Fort Ln  
 City Dunbarton State NH Zip Code 03046-4722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 40066277**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Mc Gillen, Timothy, H, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8755 Hanley Ln  
 City Crown Point State IN Zip Code 46307-1544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : 40066278**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	666.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Cano-Howes, Melinda, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Mills Ln NE

City Los Lunas	State NM	Zip Code 87031-7170
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eye Associates of NM	Occupation (for Individual) Doctor of Optometry
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

**Transaction ID : 40066285**

Amount of Each Receipt this Period  
41.67

Memo Item

**B. Dodge, Lee, Edward, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14312 Califa St

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

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

**Transaction ID : 40066286**

Amount of Each Receipt this Period  
31.00

Memo Item

**C. Horn, Barbara, L, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8045 Wacobee Dr

City Myrtle Beach	State SC	Zip Code 29579-5228
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1652.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

**Transaction ID : 40066287**

Amount of Each Receipt this Period  
165.29

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	237.96
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Optometric Association Political Action Committee**

**A. Hwang, Jeslyn, J, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Cleveland Pl  
 City Palisades Pk State NJ Zip Code 07650-1104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2016  
**Transaction ID : 40066288**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Hymes, Jonathan, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1505 Prince St  
 City Alexandria State VA Zip Code 22314-2852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Optometric Association Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1666.70

Date of Receipt 10 / 12 / 2016  
**Transaction ID : 40066289**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

**C. Barth, Markus, I, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 12 / 2016  
**Transaction ID : 40066290**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	233.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Asano, Gary, Wayne, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1809 Manzanita Ln

City Manhattan Bch	State CA	Zip Code 90266-4128
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2016

**Transaction ID : 40066291**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Clopton, Jason, C, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 959 River Bend Dr

City Cookeville	State TN	Zip Code 38506-5973
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry,FCOVD
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2016

**Transaction ID : 40066292**

Amount of Each Receipt this Period  
83.34

Memo Item

**C. Wroten, Christopher, W, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25833 Royal Birkdale Dr

City Denham Spgs	State LA	Zip Code 70726-6479
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2016

**Transaction ID : 40066294**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	218.34
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Stokes, Michael, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 243 N Lindbergh Blvd  
FI 1

City Saint Louis	State MO	Zip Code 63141-7851
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AOA	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

**Transaction ID : 40066297**

Amount of Each Receipt this Period  
75.00

Memo Item

**B. Meyer, Bruce, L, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 297 Kinderkamack Rd Ste 200

City Oradell	State NJ	Zip Code 07649-1535
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

**Transaction ID : 40066298**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Middleton, Deirdre, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1505 Prince St., Ste. 300

City Alexandria	State VA	Zip Code 22314-2874
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

**Transaction ID : 40066304**

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Marshall, Gabrielle, W, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry,FCOVD
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
370.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

**Transaction ID : 40066603**

Amount of Each Receipt this Period  
170.00

Memo Item

**B. Gossard, Teresa, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6323 Grand Vista Ave

City Cincinnati	State OH	Zip Code 45213-1115
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Eye Care Associates of Greater Cincinn	Occupation (for Individual) Doctor of Optometry
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

**Transaction ID : 40066876**

Amount of Each Receipt this Period  
500.00

Memo Item

**c. Rath, D. Cory, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2016

**Transaction ID : 40066881**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	770.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Hess, Stephen, E, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 58 Brookwood Rd

City Ivyland	State PA	Zip Code 18974-1266
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2016

**Transaction ID : 40066882**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Colburn, Christopher, J, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 Winchester Rd

City Lakewood	State NY	Zip Code 14750-1734
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2016

**Transaction ID : 40066883**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Frazee, David, Robert, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2016

**Transaction ID : 40066884**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Pitt, Trent, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3011 NW 63rd St Ste A

City Oklahoma City	State OK	Zip Code 73116-3642
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2016

**Transaction ID : 40066885**

Amount of Each Receipt this Period  
41.67

Memo Item

**B. Teague, Audie, M, Dr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2016

**Transaction ID : 40066886**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Burns, John, L, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1407 Houndhill Rd

City Crofton	State MD	Zip Code 21114-3213
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2016

**Transaction ID : 40066888**

Amount of Each Receipt this Period  
91.25

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	232.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Wright, H. Lindsay, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 798 Trail Ridge Dr  
 City Louisville State CO Zip Code 80027-3113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Armed Forces Optometric Society Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt 10 / 13 / 2016  
**Transaction ID : 40067851**  
 Amount of Each Receipt this Period 83.34  
 Memo Item

**B. Draisin, Neil, W, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 10 / 13 / 2016  
**Transaction ID : 40068107**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Wright, H. Lindsay, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 798 Trail Ridge Dr  
 City Louisville State CO Zip Code 80027-3113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Armed Forces Optometric Society Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 833.32

Date of Receipt 10 / 13 / 2016  
**Transaction ID : 40068108**  
 Amount of Each Receipt this Period 249.94  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	374.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Daniels, Kenneth, Martin, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Colebrook Ct

City Princeton	State NJ	Zip Code 08540-7049
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2016

**Transaction ID : 40068114**

Amount of Each Receipt this Period  
750.00

Memo Item

**B. Rosenak, Steven, Weber, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19705 NE Red Oak Blvd

City Saint Joseph	State MO	Zip Code 64505-8582
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2016

**Transaction ID : 40068115**

Amount of Each Receipt this Period  
365.00

Memo Item

**C. Klaus, Nelson, C, Dr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 833 Shinn Point Rd

City Wilmington	State NC	Zip Code 28409-2113
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2016

**Transaction ID : 40068131**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1215.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Samek, Michael, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6920 Roosevelt Way Ne # 266

City Seattle	State WA	Zip Code 98115-6635
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : 40068152**

Amount of Each Receipt this Period  
365.00

Memo Item

**B. Stafford, Timothy, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1012 Julius Richardson Rd

City Irmo	State SC	Zip Code 29063-9740
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : 40068203**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Chaney, Michelle, Wika, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1910.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : 40068206**

Amount of Each Receipt this Period  
45.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	910.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Anderson, Jeffrey, C., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 Story St

City Boone	State IA	Zip Code 50036-4242
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : 40068207**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Patera, Gregory, L, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6256 Sunset Bch

City Lake Odessa	State MI	Zip Code 48849-9652
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : 40068208**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Richlin, Steven, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16225 Quemada Rd

City Encino	State CA	Zip Code 91436-3620
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2016

**Transaction ID : 40072975**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Loranger, Alison, J, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1453 S Sherman Street

City Denver	State CO	Zip Code 80210-2214
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2016

**Transaction ID : 40072978**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Carlson, Teresa, L, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6607 S Forest Way Unit D

City Centennial	State CO	Zip Code 80121-3566
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
834.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2016

**Transaction ID : 40072980**

Amount of Each Receipt this Period  
21.00

Memo Item

**C. Gaddie, Ian, Benjamin, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4001 Fox Meadow Way

City Prospect	State KY	Zip Code 40059-9115
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2016

**Transaction ID : 40072981**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	321.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hock, Dan, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 Eagle Nest Trl

City Evergreen	State CO	Zip Code 80439-4242
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2016

**Transaction ID : 40072983**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Cleveland, Trevor, J, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3726 Robbie St

City Eugene	State OR	Zip Code 97404-1996
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1090.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2016

**Transaction ID : 40072992**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Ochiltree, Andrew, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 651 Canyon Hills Rd

City Kingman	State AZ	Zip Code 86409-1234
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2016

**Transaction ID : 40072995**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	234.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Read, Margaret, M, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5484 Midship Ct  
 City Burke State VA Zip Code 22015-1932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 850.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : 40072996**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Mentzer, Mark, T, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2200 Blairsferry Xing  
 City Hiawatha State IA Zip Code 52233-7900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 450.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : 40072998**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

**C. Richardson, N. Gregory, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1440 Eastridge Dr  
 City Pocatello State ID Zip Code 83201-3103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : 40072999**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	160.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Eiss, Steven, P, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5674 Keith Ln

City Emmaus	State PA	Zip Code 18049-5046
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2016

**Transaction ID : 40073001**

Amount of Each Receipt this Period  
42.00

Memo Item

**B. Fries, Jeffrey, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 321 Monterey Way

City Vancouver	State WA	Zip Code 98661-6049
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2016

**Transaction ID : 40073002**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Bacigalupi, Michael, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 622 SE 13th St

City Ft Lauderdale	State FL	Zip Code 33316-2023
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
304.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2016

**Transaction ID : 40073003**

Amount of Each Receipt this Period  
30.42

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	122.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Lowe, Sue, Esther, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1666.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2016

**Transaction ID : 40073004**

Amount of Each Receipt this Period  
166.67

Memo Item

**B. Avallone, Gary, James, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 144 Fox Run

City West Monroe	State LA	Zip Code 71291-8137
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1666.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2016

**Transaction ID : 40073005**

Amount of Each Receipt this Period  
166.67

Memo Item

**C. Rioux, Timothy, D, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 147 Pleasant St

City Fort Kent	State ME	Zip Code 04743-1502
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2016

**Transaction ID : 40073006**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	583.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Barrett, Lee Ann, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2016

**Transaction ID : 40073738**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Roland, Nathaniel, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10001 Admiral Emerson Ave NE

City Albuquerque	State NM	Zip Code 87111-1339
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1166.69

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2016

**Transaction ID : 40073739**

Amount of Each Receipt this Period  
166.67

Memo Item

**C. Bender, John, T, Dr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 261 Highway 167

City Daleville	State AL	Zip Code 36322-6564
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2016

**Transaction ID : 40073741**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	266.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Haranin, Michele, R, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 Concord Rd  
 City Dover State DE Zip Code 19904-9100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : 40073742**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Jones, Ian, M, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32 Deer Hill Ln  
 City Hampden State ME Zip Code 04444-3400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : 40073745**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Burges, William, R, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 998.20

Date of Receipt 10 / 17 / 2016  
**Transaction ID : 40073746**  
 Amount of Each Receipt this Period 100.91  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.91
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Plattner, Brian, J, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		17		2016

**Transaction ID : 40073748**

Amount of Each Receipt this Period  
85.00

Memo Item

**B. Millirons, John, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 211 S Oakdale Dr

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

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.70

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		17		2016

**Transaction ID : 40073749**

Amount of Each Receipt this Period  
41.67

Memo Item

**C. Franceschini, Joseph, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1600 West 16th Street, Ste 10

City Oak Brook	State IL	Zip Code 60523-1302
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) 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
10		17		2016

**Transaction ID : 40075105**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	376.67
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Prouty, Robert, E, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8886 N Awl Rd

City Parker	State CO	Zip Code 80138-6840
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

**Transaction ID : 40079176**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Ellis, Joe, E, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 179 Wood Trce

City Benton	State KY	Zip Code 42025-9400
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1666.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

**Transaction ID : 40079177**

Amount of Each Receipt this Period  
166.67

Memo Item

**C. Aubuchon, Julie Metzger, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 72 Belmont Ct

City Florence	State KY	Zip Code 41042-8986
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

**Transaction ID : 40079178**

Amount of Each Receipt this Period  
600.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	866.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Walker, Douglas, J, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 988

City Brookings	State OR	Zip Code 97415-0021
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

**Transaction ID : 40079179**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Chous, Linda, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1295 W Royal Oaks Dr

City Shoreview	State MN	Zip Code 55126-8478
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

**Transaction ID : 40079180**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. Walters, Scott, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1025 NW Regent Dr

City Grants Pass	State OR	Zip Code 97526-3383
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

**Transaction ID : 40079181**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	475.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Rush, Nicole, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 956

City Bandon	State OR	Zip Code 97411-0956
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
595.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2016

**Transaction ID : 40079183**

Amount of Each Receipt this Period  
85.00

Memo Item

**B. Levin, Michelle, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1039 Creeford Drive

City Weston	State FL	Zip Code 33326-2859
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2016

**Transaction ID : 40079184**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Smith, Michael, K, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1239 Goggin Ln

City Danville	State KY	Zip Code 40422-9366
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2016

**Transaction ID : 40079185**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	585.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Gurley, Richard, Dean, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 S Promise Land Rd

City Blytheville	State AR	Zip Code 72315-7746
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

**Transaction ID : 40079186**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Arabitg, Arsenio, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8365 SW 187th Ter

City Cutler Bay	State FL	Zip Code 33157-7346
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

**Transaction ID : 40079187**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. Terrell, Jenny, G, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2024 Mountainview Dr

City Hurst	State TX	Zip Code 76054-2920
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

**Transaction ID : 40079188**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	385.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kaur, Sorena, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4603 NE 75th St

City Seattle	State WA	Zip Code 98115-5206
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

**Transaction ID : 40079189**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Fogg, Trevor, K., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25281 Carmel Knolls Dr

City Carmel	State CA	Zip Code 93923-8834
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

**Transaction ID : 40079324**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Radow, Brett, K, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6621 Kanawha Ave SE

City Charleston	State WV	Zip Code 25304-2915
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

**Transaction ID : 40080087**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Hitchmoth, Dorothy, L, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1018.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

**Transaction ID : 40080089**

Amount of Each Receipt this Period  
88.00

Memo Item

**B. Creed, Robert, W, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1205 Pacific Ter

City Klamath Falls	State OR	Zip Code 97601-1830
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2016

**Transaction ID : 40080112**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Robison, Ryan, Earl, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 718 E Desert Bloom Ct

City Washington	State UT	Zip Code 84780-2619
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2016

**Transaction ID : 40083981**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	408.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Yanak, Barbara, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2577 Burlington Tpke

City Towanda	State PA	Zip Code 18848-8458
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

**Transaction ID : 40083988**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Corbin-Simon, Ray, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 Cope Ct

City Hillsborough	State NJ	Zip Code 08844-4392
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

**Transaction ID : 40083989**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Brunnett, Susan, Mary, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1666.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

**Transaction ID : 40083990**

Amount of Each Receipt this Period  
166.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	466.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Baron, Samuel, J, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2153 S Yank Way

City Lakewood	State CO	Zip Code 80228-4366
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

**Transaction ID : 40083991**

Amount of Each Receipt this Period  
83.33

Memo Item

**B. Crandall, Melanie, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1012 N Ocean Blvd Apt 202

City Pompano Beach	State FL	Zip Code 33062-4013
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

**Transaction ID : 40083992**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Gray, Robert, F., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9623 W 8170 N

City Lehi	State UT	Zip Code 84043-5045
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

**Transaction ID : 40083996**

Amount of Each Receipt this Period  
45.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	178.33
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Sandberg, Derri, J, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 901 NW Carlon Ave Ste 2

City Bend	State OR	Zip Code 97703-2636
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2016

**Transaction ID : 40083997**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Wineland, David, W, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1272.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2016

**Transaction ID : 40084035**

Amount of Each Receipt this Period  
127.25

Memo Item

**C. Peele, Rodney, , Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1505 Prince Street Suite 30

City Alexandria	State VA	Zip Code 22314-2852
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Optometric Association	Occupation (for Individual) Lobbyist
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
820.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2016

**Transaction ID : 40084041**

Amount of Each Receipt this Period  
40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	217.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Bower, Robert, Bruce, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2906 116th St

City Kenosha	State WI	Zip Code 53158-4601
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : 40084049**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Hill, Ryan, C, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 820 Hickory Woods Dr

City Union	State MO	Zip Code 63084-2760
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : 40084050**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Estes, Michael, K, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 278 NW Quarry Rd

City Albany	State OR	Zip Code 97321-1551
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : 40084051**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Garton, Wesley, E., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14626 E Sharon Ln  
 City Wichita State KS Zip Code 67230-7015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : 40084052**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Fitzgerald, DeAnn, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4001 Crest View Rd NE  
 City Solon State IA Zip Code 52333-9457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : 40084053**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Noonan, Andrea Lynne, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 395 Engelwood Ct  
 City Powell State OH Zip Code 43065-7927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : 40084054**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Hall, John, E, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 419 N Wisconsin St

City Elkhorn	State WI	Zip Code 53121-1317
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : 40084055**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Reckell, Susan, Leach, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 17714

City Fountain Hls	State AZ	Zip Code 85269-7714
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : 40084056**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Turpin, Fred, Singer, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2106 Cameron Dr

City Albany	State GA	Zip Code 31721-2084
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : 40084057**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Harper, Robert, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7462 W Karen Lee Ln

City Peoria	State AZ	Zip Code 85382-4828
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : 40084058**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Olmstead, Allen, Dennis, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6499 Thorngate Rd

City East Lansing	State MI	Zip Code 48823-9756
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : 40084059**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Myers, Troy, Dean, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 Road 261

City Glendive	State MT	Zip Code 59330-9528
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : 40084060**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Fujisaki, James, C, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 99-011 Kealakaha Dr

City Aiea	State HI	Zip Code 96701-3544
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : 40084061**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Hanson, Mark, Robert, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2351 W Lamar Blvd

City Arlington	State TX	Zip Code 76012-5669
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : 40084062**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Bass, Jennifer, R, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2804 Jamison Blvd

City Mount Vernon	State IL	Zip Code 62864-2546
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : 40084063**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Lott, Megan, Sumrall, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Ashton Gardens Dr

City Jackson	State MS	Zip Code 39211-4275
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2016

**Transaction ID : 40084064**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Greenstein, Jay, Scott, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 720 S Alcott St

City Denver	State CO	Zip Code 80219-3541
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2016

**Transaction ID : 40084065**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Myers, Joseph, Winfred, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 801 Wheeling Ave

City Glen Dale	State WV	Zip Code 26038-1644
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2016

**Transaction ID : 40089050**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Serych, Robert, V, Dr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 141 Cedar Ridge Dr

City Monaca	State PA	Zip Code 15061-2750
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

**Transaction ID : 40089051**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Evans, Jason, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1301

City Inez	State KY	Zip Code 41224-1301
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

**Transaction ID : 40089052**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Warner, Jonathan, L, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16362 County Road 144

City Kenton	State OH	Zip Code 43326-9546
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

**Transaction ID : 40089053**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	33388.14



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. WellsFargo**

Mailing Address 1650 Tyson Blvd.

City McLean State VA Zip Code 22102

Purpose of Disbursement Bank Fees

001  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 11 / 2016

FEC Identification Number

C  
Transaction ID : 40080111  
Amount of Each Disbursement this Period  
685.36  
Bank Fees

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement American Express Fees

001  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2016

FEC Identification Number

C  
Transaction ID : 40091476  
Amount of Each Disbursement this Period  
222.52  
American Express Fees

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement Visa/Master Card Fees

001  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2016

FEC Identification Number

C  
Transaction ID : 40091477  
Amount of Each Disbursement this Period  
1054.04  
Visa/Master Card Fees

Memo Item

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

1961.92

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

### A. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement  
Bank Fees

001  
Category/  
Type

Candidate Name

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

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

FEC Identification Number  
C  
Transaction ID : 40091478  
Amount of Each Disbursement this Period  
171.86

Bank Fees  
 Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

FEC Identification Number  
C  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

FEC Identification Number  
C  
Amount of Each Disbursement this Period

Memo Item

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

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

171.86  
2133.78

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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) <b>A. King For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address PO Box 398 202 W 2nd St		FEC Identification Number C C00373563 <b>Transaction ID : 40019001</b>
City Wall Lake	State IA	Zip Code 51466
Purpose of Disbursement Candidate Contribution		Amount of Each Disbursement this Period 1000.00 Candidate Contribution
Candidate Name <b>King, Steve, A., Rep.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 04	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>B. Russ For Wisconsin</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address PO Box 620061		FEC Identification Number C C00578013 <b>Transaction ID : 40019250</b>
City Middleton	State WI	Zip Code 53562
Purpose of Disbursement Candidate Contribution		Amount of Each Disbursement this Period 5000.00 Candidate Contribution
Candidate Name <b>Feingold, Russell, , ,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI District:	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>C. Comer For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address PO Box 338		FEC Identification Number C C00588764 <b>Transaction ID : 40019577</b>
City Tompkinsville	State KY	Zip Code 42167
Purpose of Disbursement Candidate Contribution		Amount of Each Disbursement this Period 5000.00 Candidate Contribution
Candidate Name <b>Comer, James, , ,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY District: 01	Category/Type 011	

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

11000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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) <b>A. Friends Of Rosa DeLauro</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2016	
Mailing Address 129 Church St, Ste 818		FEC Identification Number C 000238865 <b>Transaction ID : 40023821</b>	
City New Haven	State CT	Zip Code 06510	Amount of Each Disbursement this Period 1000.00 Candidate Contribution
Purpose of Disbursement Candidate Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>
Candidate Name <b>DeLauro, Rosa, L., Rep.,</b>		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CT District: 03		

Full Name (Last, First, Middle Initial) <b>B. Courtney For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2016	
Mailing Address PO Box 1372		FEC Identification Number C 000410233 <b>Transaction ID : 40023822</b>	
City Vernon	State CT	Zip Code 06066	Amount of Each Disbursement this Period 1000.00 Candidate Contribution
Purpose of Disbursement Candidate Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>
Candidate Name <b>Courtney, Joseph, D., Rep.,</b>		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CT District: 02		

Full Name (Last, First, Middle Initial) <b>C. National Republican Senatorial Committee</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2016	
Mailing Address 425 2nd Street, NE		FEC Identification Number C <b>Transaction ID : 40026189</b>	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 15000.00 Committee Contribution
Purpose of Disbursement Committee Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

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

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

17000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Cheri Bustos**

Mailing Address 1050 17th St Nw Ste 590

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**Bustos, Cheri, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

MM / DD / YYYY  
10 / 12 / 2016

FEC Identification Number

C00498568

**Transaction ID : 40066609**

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mulvaney For Congress**

Mailing Address P.O. Box 1975

City  
Lancaster

State  
SC

Zip Code  
29721

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**Mulvaney, Mick, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District: 05

Date of Disbursement

MM / DD / YYYY  
10 / 12 / 2016

FEC Identification Number

C00471292

**Transaction ID : 40066621**

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kathleen Rice For Congress**

Mailing Address PO Box 744

City  
Mineola

State  
NY

Zip Code  
11501

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**Rice, Kathleen, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 04

Date of Disbursement

MM / DD / YYYY  
10 / 12 / 2016

FEC Identification Number

C00555813

**Transaction ID : 40066634**

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Memo Item

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

4500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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) <b>A. Olson For Congress Committee</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2016
Mailing Address PO Box 16381		FEC Identification Number C00437913 <b>Transaction ID : 40075924</b>
City Sugar Land	State TX	Zip Code 77496
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name <b>Olson, Pete, , Rep.,</b>		Amount of Each Disbursement this Period 5000.00 Candidate Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TX	District: 22	

Full Name (Last, First, Middle Initial) <b>B. Anthony Brown For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2016
Mailing Address 12138 Central Ave #671		FEC Identification Number C00574640 <b>Transaction ID : 40075925</b>
City Bowie	State MD	Zip Code 20721
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name <b>Brown, Anthony, , ,</b>		Amount of Each Disbursement this Period 5000.00 Candidate Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MD	District: 04	

Full Name (Last, First, Middle Initial) <b>C. Lisa Blunt Rochester For Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2016
Mailing Address PO Box 9767		FEC Identification Number C00590778 <b>Transaction ID : 40075929</b>
City Wilmington	State DE	Zip Code 19809
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name <b>Rochester, Lisa, , ,</b>		Amount of Each Disbursement this Period 5000.00 Candidate Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: DE	District: 00	

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

15000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Santarsiero For Congress**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			17			2016					

Mailing Address PO Box 249

FEC Identification Number

C	C00571455
---	-----------

**Transaction ID : 40076063**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Contribution

Memo Item

City Newtown State PA Zip Code 18940

Purpose of Disbursement  
Candidate Contribution

011
Category/ Type

Candidate Name  
**Santarsiero, Steven, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: PA District: 08

Full Name (Last, First, Middle Initial)  
**B. Friends Of Elizabeth Esty**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			17			2016					

Mailing Address PO Box 61

FEC Identification Number

C	C00494203
---	-----------

**Transaction ID : 40076490**

Amount of Each Disbursement this Period

2000.00
---------

Candidate Contribution

Memo Item

City Cheshire State CT Zip Code 06410

Purpose of Disbursement  
Candidate Contribution

011
Category/ Type

Candidate Name  
**Esty, Elizabeth, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CT District: 05

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			17			2016					

Mailing Address PO Box 17613

FEC Identification Number

C	C00433391
---	-----------

**Transaction ID : 40076495**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Contribution

Memo Item

City Portland State ME Zip Code 04112

Purpose of Disbursement  
Candidate Contribution

011
Category/ Type

Candidate Name  
**Pingree, Chellie, M., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: ME District: 01

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

8000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bill Foster For Congress**

Mailing Address P.O. Box 9104

City  
Aurora

State  
IL

Zip Code  
60598

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**Foster, Bill, , Rep., PhD**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2016

FEC Identification Number

C000435099

**Transaction ID : 40079515**

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Susan Davis For Congress**

Mailing Address PO Box 84049

City  
San Diego

State  
CA

Zip Code  
92138

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**Davis, Susan, A., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 53

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2016

FEC Identification Number

C000344671

**Transaction ID : 40079516**

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Delbene For Congress**

Mailing Address PO Box 487

City  
Bothell

State  
WA

Zip Code  
98041

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**DelBene, Suzan, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 01

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2016

FEC Identification Number

C000459099

**Transaction ID : 40079517**

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Memo Item

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

8500.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Terri Sewell For Congress**

Mailing Address P.O. Box 1964

City  
Birmingham

State  
AL

Zip Code  
35201

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**Sewell, Terri, A., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AL District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2016			

FEC Identification Number

C 000458976

**Transaction ID : 40079518**

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Citizens For Boyle**

Mailing Address 499 S. Capitol St. Sw  
Suite 422

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**Boyle, Brendan, F, Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2016			

FEC Identification Number

C 000543363

**Transaction ID : 40079519**

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Win In 2016**

Mailing Address 320 First St., SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Committee Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2016			

FEC Identification Number

C

**Transaction ID : 40084008**

Amount of Each Disbursement this Period

5000.00

Committee Contribution

Memo Item

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

8500.00

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

72500.00