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10/25/2016 06 : 08

PAGE 1 / 81

	EC M 3X	A	ND D	ISBU	F REC	MENT	ſS		Office Us	se Only	٦
1. NAME COMN	: OF /ITTEE (in f		PE OR PRI	NT V		mple: If typr r the lines.		12FE4	M5		
	an Optoi	metric Ass	sociation	n Politica	al Action	Commit	tee				<u> </u>
ADDRESS	(number and		505 Prince	Street							
	heck if diffe		Suite 300								
th	an previous ported. (AC	ly	Alexandria					VA	22314		
2. FEC I	DENTIFICA	TION NUME	BER 🔻		CITY 🔺			STATE 🔺		ZIP COE	DE 🔺
С	C00024968	;		3	. IS THIS REPORT	×	NEW (N) OR		AMENDED (A)		
(Choos	E OF REP se One)		(b) Monthly Report Due Or	n:	Feb 20 (M2) Mar 20 (M3)		May 20 (M5 Jun 20 (M6)		ug 20 (M8) ep 20 (M9)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
(a) Q	uarterly Rep	orts:			Apr 20 (M4)		Jul 20 (M7)	C	Oct 20 (M10)		Year Only) Jan 31 (YE)
		Report (Q1)	(c) 12	2-Day	П	Primary (1	2P)	x Gene	ral (12G)	Π	Runoff (12R)
	October	Report (Q2) 15 Report (Q3)		RE-Election eport for the	e:	Conventior	n (12C)	Speci	al (12S)		
	January 3			Ele	ection on	M M 11	/ D D / 08	y y y 2016	Ŷ	in the State of	
	July 31 M Report (N Year Only	Ion-election	P)-Day DST -Electio eport for the		General (3	0G)	Runot	ff (30R)		Special (30S)
	Terminatio (TER)	on Report			ection on	M	/ D D /	YYYY	Y	in the State of	
5. Coveri	ng Period	^M M 10	/ D D 01	/ Y Y 20	Y Y 16	through	M M	/ D D 19	/ Y Y 201		
Type or Pr	int Name of	Treasurer	Report and Dubrick, Fre	ed, , , O.D.	t of my kno	wledge and		М	M / D		2046
Signature (of Treasurer							Date 10	, 23		2016
		alse, erroneous	s, or incom	olete inform	ation may su	bject the p	erson signing	this Report t	o the penaltie	es of 52	U.S.C. § 30109
I	Office Use Only									FORI ev. 05/20	

x

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

American Optometric Association Political Action Committee

R	eport Covering the Period: From:		To: 10 / D D / Y Y Y Y 10 19 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 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) and6(c) for Column A and Lines6(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 TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

Image#	20161	025903	4545723
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DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From:	01 / Y Y Y Y Y 01 / 2016 To	b: 10 / D D / Y Y Y Y 10 19 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	00000 4.4	
(i) Itemized (use Schedule A)	33388.14	583924.35
(ii) Unitemized	12884.44	209216.44
(iii) TOTAL (add	4	
Lines 11(a)(i) and (ii)	46272.58	793140.79
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)		
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	46272.58	793140.79
Totals to Line 33, page 5)► 2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	4	
3. All Loans Beceived	0.00	0.00
	474 474 474	
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
5. Refunds of Contributions Made	4	
to Federal Candidates and Other		
Political Committees	0.00	5000.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	25.21	279.65
 Transfers from Non-Federal and Levin Funds 		
(a) Non-Federal Account		
(from Schedule H3)	0.00	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
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	46297.79	798420.44
0. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	46297.79	798420.44
	10201110	100+20.44

Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4				
II. Disbursements	II. Disbursements COLUMN A Total This Period					
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date				
(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))► Transfers to Affiliated/Other Party	2133.78	123390.98				
Committees	0.00	0.00				
Contributions to Federal Candidates/Committees and Other Political Committees	72500.00	712000.00				
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.00				
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00				
Loan Repayments Made	0.00	0.00				
Loans Made Refunds of Contributions To:	0.00	0.00				
(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				
Other Disbursements (Including Non-Federal Donations)	0.00	20000.00				
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	41. 41. 43.					
(i) Federal Share	0.00	0.00				
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00				
Entirely With Federal Funds (c) Total Federal Election Activity (add	0.00	0.00				
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00				
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	74633.78	856590.98				
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

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
1 20	1 01111	57	(110 .	05/2010	,

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

						46272.58
		-7-			-7-	
						0.00
		-7			-7-	285
- T						46272.58
	÷	-	÷	÷	-	
		-			-	2133.78
					,	
		-			-	0.00
						0100 70
L.		-7-			-7-	2133.78

					793140.79
		-7-		-7-	133140.13
					1200.00
		-		-	1200.00
					791940.79
		7		-7	
					123390.98
		7		-7	493
					0.00
		-7-		-7	
					123390.98
a la sub-	1	-7-	 1	-7-	

COLUMN B

Calendar Year-to-Date

Page 5

FOR LINE NUMBER:

PAGE 6 OF

	NIZED RECEIPTS		Use separate schedule(s) for each category of the	(che	(check only one)										
			×	11a 13		11b 14	11c 15	12	17						
	formation copied from such Reports and St. commercial purposes, other than using the				for the		oose of	soliciting	contribu	utions					
\ \	ME OF COMMITTEE (In Full)		_												
∕ Ai	merican Optometric Associatio	n Politica	al Action Committee												
	I Name of Individual (Last, First, Middle Initi speron, Matthew, E, Dr.,	al) or Full O	rganization Name		Date of	Re	ceipt								
Ма	iling Address 392 Kinderkamack Rd				10 01 2016										
City		State NJ	Zip Code					4000651							
	Isdale	INJ	07642-1643	_	Amount	of	Each F	Receipt th	is Perioc	ł					
	C ID number of contributing eral political committee.	С					-		100	.00					
Na	me of Employer (for Individual)	Occu	pation (for Individual)		M	emo	Item								
	If Employed	Doct	or of Optometry												
Re	ceipt For:	Aggregate	Year-to-Date 🔻												
_	Other (appeifu)		1000.00												
	Other (specify)		1000.00	-1-											
	I Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name												
	aldwell, Gregory, A, Dr.,				Date of	Re	ceipt								
	iling Address 225 Terrace Dr				^M 10	/	01) / Y	2016	Y					
City		State PA	Zip Code					4000651							
Lill	•	FA	15938-5819		Amount of Each Receipt this Period										
	C ID number of contributing eral political committee.	С			166.67										
	me of Employer (for Individual) f Employed		upation (for Individual) tor of Optometry		M	emo	Item								
Re	ceipt For:	Aggregate	Year-to-Date 🔻												
_	Primary General Other (specify)		1500.03												
	I Name of Individual (Last, First, Middle Initi ote, Paul Philippe, , Dr.,	al) or Full O	rganization Name		Date of	Re	ceipt								
	iling Address 18 Little Androscoggin Dr				^M 10	1	01) / Y	2016	Y					
City	y Iburn	State ME	Zip Code 04210-8884					4000651							
			04210-0004		Amount	of	Each F	Receipt th	is Perioc	1					
	C ID number of contributing eral political committee.	С			<u> </u>		y		41	.67					
Na	me of Employer (for Individual)	Occu	pation (for Individual)		M	emc	Item								
	If Employed	Doct	or of Optometry												
Re	ceipt For:	Aggregate	Year-to-Date 🔻												
_	Primary General Other (specify)		416.70												
			ge												
	TOTAL of Receipts This Page (optional)						5	· · ·	308.	.34					

FOR LINE NUMBER:

PAGE

7 OF

177			Use separate schedule(s)	(ch	(check only one)								
111			for each category of the Detailed Summary Page				11b 14	11c	12	Г	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the						pose of	soliciting	contri	butio	ns		
\setminus	NAME OF COMMITTEE (In Full)												
	American Optometric Associatio	n Politica	I Action Committee										
Α.	Full Name of Individual (Last, First, Middle Initi Gjurich, Dana, C, Dr.,	al) or Full Or	ganization Name		Date of	Re	eceipt						
	Mailing Address 225 Terrace Dr			10 01 2016									
	City	State	Zip Code		Trans	act	ion ID :	4000651	9				
	Lilly	PA	15938-5819		Amount	t of	Each R	Receipt th	is Peri	od			
	FEC ID number of contributing federal political committee.	С							3	30.00			
	Name of Employer (for Individual)		pation (for Individual)		M	emo	tem						
	Self Employed Receipt For:		or of Optometry										
	Primary General	Aggregate	Year-to-Date 🔻										
	Other (specify)		270.00	4									
	Full Name of Individual (Last, First, Middle Initi Wartman, Rebecca, H, Dr.,	al) or Full Or	rganization Name		Date of	Re	eceipt						
	Mailing Address 46 Lambeth Walk				10 01 Y Y Y Y 2016								
	City	State	Zip Code		Trans	acti	ion ID :	4000652	0				
	Fairview	NC					Amount of Each Receipt this Per						
	FEC ID number of contributing federal political committee.	С			100.00								
	Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry		Memo Item								
	Receipt For:		Year-to-Date V										
	Primary General Other (specify) ▼	, 1000.00]										
	Full Name of Individual (Last, First, Middle Initi Triebel, Beth, E, Dr.,	al) or Full Or	ganization Name		Date of	Re	eceipt						
	Mailing Address 3429 Scenic Valley Dr				10 ^M	/	01) / Y	2016		1		
	City	State	Zip Code		Trans	act	ion ID :	4000652	1				
	Wdm	IA	50265-5798	_	Amount	t of	Each R	Receipt th	is Peri	od			
	FEC ID number of contributing federal political committee.	С			Ľ.		9		5	50.00			
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		M	emo	o Item						
	Receipt For:	Aggregate	Year-to-Date V										
	Other (specify)		450.00]									
s	JBTOTAL of Receipts This Page (optional)								18	30.00			
т	OTAL This Period (last page this line number o	only)	······	→	Γ.		-			-			

FOR LINE NUMBER:

PAGE 8 OF

		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) American Optometric Associa	tion Politica	al Action Committee							
 Full Name of Individual (Last, First, Middle A. Jones, Kimberly, , , 	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 14450 NE 29th Place Ste. 115			10 01 2016						
City Bellevue	State WA	Zip Code 98007-3697	Transaction ID : 40006522 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		51.00						
Name of Employer (for Individual) Optometric Physicians of Washington		upation (for Individual) cutive Director	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00]						
Full Name of Individual (Last, First, Middle B. Sorensen, Robert, A, Dr.,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 8445 N Government Way	State	Zip Code	10 02 2016 Transaction ID : 40006527						
Hayden	ID	83835-9280	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		42.00						
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00]						
Full Name of Individual (Last, First, Middle C. Weisgerber, Michael, P, Dr.,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 8045 Wacobee Dr			10 / D D / Y Y Y Y 2016						
City Myrtle Beach	State SC	Zip Code 29579-5228	Transaction ID : 40006528 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		33.19						
Name of Employer (for Individual) Self Employed	Doct	upation (for Individual) tor of Optometry	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 331.90]						
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line number			126.19						

FOR LINE NUMBER:

PAGE 9 OF

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	۱ _	11b 14	11c	12 16	17			
Any information copied from such Reports an or for commercial purposes, other than using			erson for th		rpose of	soliciting	contribut	ions			
NAME OF COMMITTEE (In Full)											
American Optometric Associa	ation Politica	al Action Committee									
Full Name of Individual (Last, First, Middle A. Hopping, Ronald, Lee, Dr.,	Initial) or Full O	rganization Name	Date	of R	eceipt						
Mailing Address 1801 Creekside Dr				10 / Y Y Y Y 2016							
City Friendswood	State TX	Zip Code 77546-7821				4000652 leceipt th					
FEC ID number of contributing federal political committee.	С						71.4	13			
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry,MPH		Mem	o Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 857.16									
Full Name of Individual (Last, First, Middle B. Hopping, Desiree, Tyer, Dr.,	Initial) or Full O	rganization Name	Date	of R	eceipt						
Mailing Address 1801 Creekside Dr	State	10		02	/ Y	2016	Y				
Friendswood	TX	Zip Code 77546-7821				40006530 leceipt th	-				
FEC ID number of contributing federal political committee.	С	С			35.72						
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Doctor of Optometry			o Item						
Receipt For:	Aggregate	Aggregate Year-to-Date ▼									
Other (specify) ▼		428.60]								
Full Name of Individual (Last, First, Middle C. Parker, David, L, Dr.,	Initial) or Full O	rganization Name	Date	of R	eceipt						
Mailing Address 4889 Bobo PI			M 1		02 D		2016	Y			
City Olive Branch	State MS	Zip Code 38654-8223				4000653 leceipt th					
FEC ID number of contributing federal political committee.	С				, .	5	100.0	00			
Name of Employer (for Individual) Self Employed		upation (for Individual) for of Optometry		Mem	o Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 691.69									
SUBTOTAL of Receipts This Page (optional))				y	,	207.1	5			
TOTAL This Period (last page this line numb	per only)				-						

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PAGE 10 OF

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		K 11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	g con	tributi	ons
$\overline{\}$	NAME OF COMMITTEE (In Full)										
	American Optometric Association	n Politica	I Action Committee								
Α.	Full Name of Individual (Last, First, Middle Initia Beyer, Dirk, Michael, Dr.,	al) or Full Or	ganization Name		Date of	Re	eceipt				
	Mailing Address 709 S 5th St				10 ^M	1	02) / Y	y 20	16 16	Y
	City Hamilton	State MT	Zip Code 59840-2755					4000653			
			59040-2755	_	Amount	of	Each R	leceipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С			Ľ	_			_	166.6	7
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		Me	emc	Item				
	Receipt For:	Aggregate '	Year-to-Date ▼								
	Primary General		4 477 00	11.							
	Other (specify) v		1477.32								
B.	Full Name of Individual (Last, First, Middle Initia DeVleming, James, P, Dr.,	al) or Full Or	ganization Name		Date of	Re	eceipt				
Mailing Address 670 SE Meadow Vale Dr					м м 10	1	02	/ Y	201	16 [°]	Y
	City	State	Zip Code					4000653	-		
	Pullman	WA	99163-2445		Amount	of	Each R	leceipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	C				167.00					
	Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry Aggregate Year-to-Date ▼			Me	emc	ltem				
	Receipt For:										
	Primary General Other (specify) ▼		1336.00								
<u> </u>	Full Name of Individual (Last, First, Middle Initia Allen, Robert, M, Dr.,	al) or Full Or	ganization Name		Date of	Re	eceipt				
	Mailing Address 22549 Howardsville Woods Ct				^M 10	/	02		20 ²	16 16	Y
	City	State	Zip Code		Trans	act	ion ID :	4000653	35		
	Ashburn	VA	20148-6729		Amount	of	Each R	leceipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С					y		_	200.0	0
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		M	emo	tem				
	Receipt For:	1	Year-to-Date ▼								
	Primary General Other (specify)		1050.00								
s	UBTOTAL of Receipts This Page (optional)		>							533.6 ⁻	7
	OTAL This Period (last page this line number or		, , , , , , , , , , , , , , , , , , ,	- •	Ē.						

FOR LINE NUMBER:

PAGE 11 OF

ITEMIZED RECEIPTS	Use separate schedule(s)	(check only one)					
I LIVILED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1				
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)		_					
American Optometric Assoc	ciation Politica	al Action Committee					
Full Name of Individual (Last, First, Mid A. Cook, Paul, H., Dr., Jr.	dle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address PO Box 2700			10 02 2016				
City Frisco	State CO	Zip Code 80443-2700	Transaction ID : 40006537 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		120.00				
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00]				
Full Name of Individual (Last, First, Mid B. Birch, Jared, E, Dr.,	dle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 1202 Ashland Dr			10 / Y Y Y Y 2016				
City Ammon	State ID	Zip Code 83406-4574	Transaction ID : 40006538 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual) Self Employed		upation (for Individual) ctor of Optometry	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		500.00]				
Full Name of Individual (Last, First, Mid C. Tillman, James, H, Dr., Jr.		rganization Name	Date of Receipt				
Mailing Address 14330 Heath River Fall			10 / D D / Y Y Y Y 10 03 2016				
City Andalusia	State AL	Zip Code 36421-1981	Transaction ID : 40006545 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		25.00				
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]				
SUBTOTAL of Receipts This Page (option	nal)		195.00				
TOTAL This Period (last page this line nu	mber only)						

FOR LINE NUMBER:

PAGE 12 OF

	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 berson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)		_								
American Optometric As	sociation Politica	al Action Committee								
Full Name of Individual (Last, First, A. Davis, Lynn, Annette, Dr.,	Viddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 6546 Jacal Ct NW			M M / D D / Y Y Y Y 10 03 2016							
City Albuquerque	State NM	Zip Code 87114-6120	Transaction ID : 40006546 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		166.67							
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1666.70]							
Full Name of Individual (Last, First, B. Leoni, Melissa, L, Dr. ,	vliddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 29 Olde Farm Rd			M M / D D / Y Y Y Y 10 03 2016							
City	State WV	Zip Code	Transaction ID : 40006548							
Ona		25545-9729	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		25.00							
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1							
Full Name of Individual (Last, First, C. Anderson, David, M, Dr.,	Viddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 5567 Shepard Rd			M M / D D / Y Y Y Y 10 03 2016							
City Miamisburg	State OH	Zip Code 45342-4728	Transaction ID : 40006549 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		50.00							
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]							
SUBTOTAL of Receipts This Page (op	itional)		241.67							
TOTAL This Period (last page this line	number only)	······								

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PAGE 13 OF

	-	Use separate schedule(s)	(check onl	(check only one)						
IILIVIIZED REGEIFIJ		for each category of the Detailed Summary Page	X 11a	11b	11c 15	12 16	17			
Any information copied from such Reports or for commercial purposes, other than us			erson for the	purpose of	soliciting	contribut	tions			
NAME OF COMMITTEE (In Full)										
American Optometric Asso	ciation Politica	al Action Committee								
Full Name of Individual (Last, First, Mic A. Naftali, Paul Eliot, , Dr.,	dle Initial) or Full O	rganization Name	Date o	f Receipt						
Mailing Address 489 Carlton Rd			10 ^M	/ D D 03) / Y	ү 2016	Y			
City Wyckoff	State NJ	Zip Code 07481-1240		saction ID : t of Each R						
FEC ID number of contributing federal political committee.	С				-	25.0	00			
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	М	emo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]							
Full Name of Individual (Last, First, Mic B. Archer, Cheryl, , Dr.,	dle Initial) or Full O	rganization Name	Date o	f Receipt						
Mailing Address 518 Erie Ct			10	/ D D D 03	/ Y	2016	Y			
City	State	Zip Code	Trans	action ID :	4001040	5				
Bowling Green	OH	43402-2745	Amoun	t of Each R	eceipt th	is Period				
FEC ID number of contributing federal political committee.	С	C			500.00					
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	м	emo Item						
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		500.00]							
Full Name of Individual (Last, First, Mic Alsop, Jenny, N, Dr.,	dle Initial) or Full O	rganization Name	Date o	f Receipt						
Mailing Address 2915 W Grace St # A			10 ^M	/ D D 04		2016 Y	Y			
City Richmond	State VA	Zip Code 23221-1408		saction ID : t of Each R						
FEC ID number of contributing federal political committee.	С			, y	9	50.0	00			
Name of Employer (for Individual) Self Employed		upation (for Individual) or of Optometry		lemo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]							
SUBTOTAL of Receipts This Page (option	nal)				5	575.0)0			
TOTAL This Period (last page this line nu	umber only)	······								

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PAGE 14 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s) ((check only one)						
I LIVILLED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1						
			person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) American Optometric Asso	ciation Politica	al Action Committee							
Full Name of Individual (Last, First, Mic Burks, Scott, M, Dr.,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address PO Box 1351			10 04 Y Y Y Y Y 10 04 2016						
City Buffalo	State MO	Zip Code 65622-1351	Transaction ID : 40011041 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		95.00						
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1010.00]						
Full Name of Individual (Last, First, Mic B. Carroll, Martin, H, Dr.,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3700 Essex Rd			10 / Y Y Y Y 2016						
City Cheyenne	State WY	Zip Code 82001-1641	Transaction ID : 40011042 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		200.00						
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00]						
Full Name of Individual (Last, First, Mic C. Poulter, William, Craig, Dr.,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3679 W 8110 S			10 / D D / Y Y Y Y 10 04 2016						
City West Jordan	State UT	Zip Code 84088-4458	Transaction ID : 40011043 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00]						
SUBTOTAL of Receipts This Page (option	nal)		325.00						
TOTAL This Period (last page this line nu	umber only)								

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PAGE 15 OF

	-	Use separate schedule(s)				(check only one)					
ILEIVILLED RECEIPIS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12	17		
Any information copied from such Reports a or for commercial purposes, other than usir				for the		pose of	soliciting	contribu	tions		
NAME OF COMMITTEE (In Full)											
American Optometric Assoc	iation Politica	al Action Committee									
Full Name of Individual (Last, First, Mide A. Wells, Mark, Turner, Dr.,	lle Initial) or Full O	rganization Name		Date of	Re	ceipt					
Mailing Address 2523 Starlight Ct				^M 10	/	D 04) / Y	ү ү 2016	Ŷ		
City	State WY	Zip Code					4001104		_		
Cheyenne	VVI	82009-9747		Amount	of	Each R	leceipt th	is Period			
FEC ID number of contributing federal political committee.	C	C						250.	00		
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry		Me	emo	ltem					
Receipt For:	Aggregate	Year-to-Date 🔻									
Primary General Other (specify) ▼		250.00	1								
			11								
Full Name of Individual (Last, First, Mido B. Shirey, Mark, W, Dr.,	lle Initial) or Full O	rganization Name		Date of	Re	ceipt					
Mailing Address 1095 Dominion Dr E				м м 10	1	04	/ Y	y y 2016	Y		
City	State	Zip Code					4001104				
Mobile	AL	36695-8475	'	Amount	of	Each F	leceipt th	is Period			
FEC ID number of contributing federal political committee.	С			_			50.	00			
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Doctor of Optometry			emo	Item					
Receipt For:	Aggregate	Year-to-Date V									
Other (specify)		500.00]								
Full Name of Individual (Last, First, Mido C. Lodwick, Richard, K, Dr.,	lle Initial) or Full O	rganization Name		Date of	Re	ceipt					
Mailing Address 3501 Mallard Cv				^M 10	1	04		2016	Y		
City	State VA	Zip Code		Trans	act	ion ID :	4001112	5	_		
Williamsburg	VA	23185-8406		Amount	of	Each F	leceipt th	is Period			
FEC ID number of contributing federal political committee.	C				_	, .		250.	00		
Name of Employer (for Individual) Self Employed		upation (for Individual) or of Optometry		Me	emc	tem					
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		250.00]								
SUBTOTAL of Receipts This Page (option	al)							550.0	00		
TOTAL This Period (last page this line nu	,					, .					

FOR LINE NUMBER:

PAGE 16 OF

			Use separate schedule(s)			(check only one)						
111			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	g contribu	utions		
$\overline{)}$	NAME OF COMMITTEE (In Full)		_									
\rangle	American Optometric Association	n Politica	I Action Committee									
A.	Full Name of Individual (Last, First, Middle Initia Hertneky, George, W, Dr.,	al) or Full Or	ganization Name		Date of	Re	eceipt					
	Mailing Address 16862 County Road 28				м м 10	1	D 05		y y 2016	Y		
	City Brush	State CO	Zip Code 80723-9424					4001824 Receipt th		4		
	FEC ID number of contributing federal political committee.	С								.00		
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		Me	emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]								
в.	Full Name of Individual (Last, First, Middle Initia Durham, Jeremy, M., Dr.,	al) or Full Or	ganization Name		Date of	Re	eceipt					
Mailing Address 1233 N Seasons Ct					^M 10	1	05		y y 2016	Y		
	City Goddard	State KS	Zip Code 67052-8534					4001825 Receipt th	-	ł		
	FEC ID number of contributing federal political committee.	С			50.00							
	Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry		Me	emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]								
с.	Full Name of Individual (Last, First, Middle Initia Wallace, Michael, Gerard, Dr.,	al) or Full Or	ganization Name		Date of	Re	ceipt					
	Mailing Address 3366 Ambleside Dr				^M 10	1	05		2016	Y		
	City Flushing	State MI	Zip Code 48433-9784					: 4001825 Receipt th		d		
	FEC ID number of contributing federal political committee.	С					, .	. ,	42	.00		
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 378.00]								
	UBTOTAL of Receipts This Page (optional)			▶ ►			9 - 1 		142	.00		

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171			Use separate schedule(s)	(che	(check only one)					
			for each category of the Detailed Summary Page	×	11a 13		11b	11c 15	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the	purpo	ose of s	soliciting	contribu	utions
$\overline{)}$	NAME OF COMMITTEE (In Full)									
$\big\rangle$	American Optometric Association	n Politica	I Action Committee							
Α.	Full Name of Individual (Last, First, Middle Initia Furman, Donald, W, Dr.,	al) or Full Or	ganization Name	1	Date of	Rec	eipt			
	Mailing Address 3150 Taylor Ave				м м 10	/	05	/ Y	2016	Ŷ
	City Forest City	State IA	Zip Code 50436-8028					001825	2 is Perioc	1
	FEC ID number of contributing federal political committee.	С								.33
Self Employed			pation (for Individual) or of Optometry		Me	emo	ltem			
			Year-to-Date ▼ 833.30]						
— R	Full Name of Individual (Last, First, Middle Initia Boren, R., Andrew, Dr.,	al) or Full Or	ganization Name		Date of	Bec	eint			
Mailing Address 6360 Mae Anne Ave Ste 1					10	/	05	/ Y	2016	Y
	City Reno	State NV	Zip Code 89523-4719					001825	-	
	FEC ID number of contributing federal political committee.	C			Amount	OTE	ach Re	eceipt th	is Perioc 121	_
	Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry Aggregate Year-to-Date ▼			Memo Item					
	Receipt For:									
	Primary General Other (specify) ▼		365.01]						
С.	Full Name of Individual (Last, First, Middle Initia Coulson, David, M, Dr.,	al) or Full Or	ganization Name		Date of	Rec	eipt			
	Mailing Address 3116 E Meadowbrook Ave	1			10 ^M	/	D D D 04	/ Y	2016	Ŷ
	City Phoenix	State AZ	Zip Code 85016-5060					001825 eceipt th	9 is Perioc	1
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed		С				,		. y	1500	.00
			pation (for Individual) or of Optometry		Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 2000.00]						
s	UBTOTAL of Receipts This Page (optional)			•					1705.	.00
Т	OTAL This Period (last page this line number or	nly)								

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PAGE 18 OF

ITEMIZED RECEIPTS	I	Use separate schedule(s)	(check only one)				
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)							
American Optometric Associa	tion Politica	al Action Committee					
Full Name of Individual (Last, First, Middle McMunn, Elizabeth, C, Dr.,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 34 Quailcrest Rd			M M / D D / Y Y Y Y 10 05 2016				
City East Lyme	State CT	Zip Code 06333-1328	Transaction ID : 40019623 Amount of Each Receipt this Period				
· ·							
FEC ID number of contributing federal political committee.	С		300.00				
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General		300.00	1				
Other (specify) v		500.00	1				
Full Name of Individual (Last, First, Middle B. Mc Avoy, Michael Shawn, , Dr.,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 45 Bunker Hill Rd			10 05 2016				
City	State	Zip Code	Transaction ID : 40019777				
Collinsville	СТ	06019-3716	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	300.00					
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item				
Receipt For:		Year-to-Date ▼	—				
Primary General Other (specify) ▼		300.00]				
Full Name of Individual (Last, First, Middle C. Chasse, Mark Richard, , Dr.,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 168 Wildermere Rd			10 05 2016				
City	State	Zip Code	Transaction ID : 40019784				
Berlin	СТ	06037-3049	Amount of Each Receipt this Period				
FEC ID number of contributing	С		300.00				
federal political committee.							
federal political committee. Name of Employer (for Individual) Self Employed		ipation (for Individual) or of Optometry	Memo Item				
Name of Employer (for Individual) Self Employed Receipt For:	Doct		Memo Item				
Name of Employer (for Individual) Self Employed	Doct	or of Optometry	Memo Item				
Name of Employer (for Individual) Self Employed Receipt For: Primary General	Aggregate	or of Optometry Year-to-Date ▼ 300.00	900.00				

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
II EIVILED RECEIPIO		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1					
			person for the purpose of soliciting contributions te to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
American Optometric Assoc	ation Politica	al Action Committee						
Full Name of Individual (Last, First, Midd A. Brauns, Renee, , Ms,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 12792 Bennington Comr	non Lane		10 / D D / Y Y Y Y 2016					
City Saint Louis	State MO	Zip Code 63146-2562	Transaction ID : 40020243 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.			500.00					
Name of Employer (for Individual) American Optometric Association		upation (for Individual) ociate Executive Director	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00]					
Full Name of Individual (Last, First, Midd B. Esarey, Mark, D, Dr. ,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1680 State Highway 130			10 06 / Y Y Y Y Y					
City Charleston	State IL	Zip Code 61920-6752	Transaction ID : 40020244 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		125.00					
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]					
Full Name of Individual (Last, First, Midd C. Magnus, David, Edward, Dr.,	le Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address PO Box 2144			10 06 2016					
City Corrales	State NM	Zip Code 87048-2144	Transaction ID : 40020245 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		50.00					
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00]					
SUBTOTAL of Receipts This Page (optional	al)		675.00					
TOTAL This Period (last page this line nur	nber only)							

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
II EIVIIZED REGEIFIJ		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 □								
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
American Optometric Associ	ation Politica	al Action Committee									
Full Name of Individual (Last, First, Middl A. Deibert, Chris, R, Dr.,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 8 Johnson Dr			M M / D D / Y Y Y Y 10 06 2016								
City	State	Zip Code	Transaction ID : 40020246								
Luray	VA	22835-9705	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		30.00								
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item								
Self Employed	Doc	tor of Optometry									
Receipt For:	Aggregate	Year-to-Date V									
Primary General		000.00	1								
Other (specify) ▼		300.00	1								
Full Name of Individual (Last, First, Middl B. Insinga, John, F, Dr.,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 30 Clover Ln			10 06 2016								
City	State	Zip Code	Transaction ID : 40020250								
Randolph	NJ	07869-4529	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		50.00								
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General			1								
Other (specify) v		500.00									
Full Name of Individual (Last, First, Middl c. Zigler, LaMar, G, Dr.,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2955 Pickwick Dr			10 04 2016								
City	State	Zip Code	Transaction ID : 40023680								
Columbus	OH	43221-2925	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		500.00								
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item								
Self Employed		tor of Optometry									
Receipt For:	Aggregate	Year-to-Date V									
Primary General		500.00	1								
Other (specify)		500.00	J								
SUBTOTAL of Receipts This Page (optiona	l)		580.00								
TOTAL This Period (last page this line num	ber only)										

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PAGE 21 OF

ITEMIZED RECEIPTS	Use separate schedule(s)			(check only one)							
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12		17
Any i or for	nformation copied from such Reports and Sta commercial purposes, other than using the r	itements may	y not be sold or used by any po ddress of any political committee	erson f e to so	or the licit co	pur ntrib	pose of outions fr	soliciting	g contril h comn	butions nittee.	;
	AME OF COMMITTEE (In Full) merican Optometric Association	n Politica	I Action Committee								
	II Name of Individual (Last, First, Middle Initia Showalter, Jill, K, Dr.,	al) or Full Or	ganization Name	[Date of	f Re	eceipt				
	ailing Address 3 Stern Dr				^M 10	1	D D 04	/ Y	2016		
Cit	ty /illiamstown	State WV	Zip Code 26187-1144				i on ID : 4 Each Re			od	
	EC ID number of contributing deral political committee.	С							50	00.00	
Se	ame of Employer (for Individual) elf Employed		pation (for Individual) or of Optometry		М	emc	ttem				
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
	II Name of Individual (Last, First, Middle Initia oss, Richard, L., Dr.,	al) or Full Or	ganization Name		Date of	f Re	eceipt				
_	ailing Address W5224 Knobloch Rd				м м 10	1	04	/ Y	2016	Ý	
Cit	ty a Crosse	State WI	Zip Code 54601-2461				ion ID : 4 Each Re			od	
FE	EC ID number of contributing deral political committee.	С			Amoun					50.00	
Na Se	ame of Employer (for Individual) If Employed		Occupation (for Individual) Doctor of Optometry				ttem				
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
	II Name of Individual (Last, First, Middle Initia Friksson, Lisa Martin, , Dr.,	al) or Full Or	ganization Name		Date of	f Re	eceipt				
_	ailing Address 406 Valley View Road Ext				10 ^M		04	L	2016		
Cit R	ty ichmond	State VT	Zip Code 05477-9008				ion ID : Each Re			od	
	EC ID number of contributing deral political committee.	С					, .	y	20	00.00	
Se	ame of Employer (for Individual) elf Employed		pation (for Individual) or of Optometry		M	emo	tem				
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00								
SUB	TOTAL of Receipts This Page (optional)		••••••				, .		95	0.00	
тот	AL This Period (last page this line number or	nly)		.							٦

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		(che	(check only one)								
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the				or the		pose of	f soliciting	g contrib	utions	
$\overline{)}$	NAME OF COMMITTEE (In Full)										
\rangle	American Optometric Association	n Politica	I Action Committee								
A.	Full Name of Individual (Last, First, Middle Initia Barcelow, Dean, A, Dr.,	al) or Full Or	ganization Name	[Date of	f Re	eceipt				
	Mailing Address 6686 Vt Route 14				^M 10	/	D 04		ү ү 2016	Y	
	City S Royalton	State VT	Zip Code 05068-5500					4002368 Receipt th		d	
	FEC ID number of contributing federal political committee.	С							175	.00	
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		M	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 175.00]							
В.	Full Name of Individual (Last, First, Middle Initia Barcelow, Dean, A, Dr.,	al) or Full Or	ganization Name		Date of	f Re	eceipt				
	Mailing Address 6686 Vt Route 14				^M 10	1	04		y y 2016	Y	
	City S Royalton	State VT	Zip Code 05068-5500					4002368 Receipt th		d	
	FEC ID number of contributing federal political committee.	С		175.00							
	Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry		M	emo	ttem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]							
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Baxter, Kim, Ashbrook, Dr.,	al) or Full Or	ganization Name		Date of	f Re	eceipt				
	Mailing Address 1211 Custer Ct				^M 10	/	D 04		2016	Y	
	City North Platte	State NE	Zip Code 69101-6313					: 4002370 Receipt th		d	
	FEC ID number of contributing federal political committee.	C					,	9	400	.00	
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		M	emo	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00]							
	UBTOTAL of Receipts This Page (optional)		, ,			-	<u>,</u>		750	.00	

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1 ¹							
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
American Optometric Assoc	iation Politica	al Action Committee								
Full Name of Individual (Last, First, Midd A. Cheatham, Kyle, Mark, Dr.,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 18472 Van Camp Dr			M M / D D / Y Y Y Y 10 04 2016							
City	State NE	Zip Code	Transaction ID : 40023707							
Omaha		68130-4251	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		400.00							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Self Employed	Doc	tor of Optometry								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		400.00	1							
			1							
Full Name of Individual (Last, First, Midd B. Fett, Janet, Rose, Dr.,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 517 S Ridge Dr			10 / Y Y Y Y 10 04 2016							
City	State	Zip Code	Transaction ID : 40023713							
S Sioux City	NE	68776-3828	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		66.67							
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item							
Receipt For:		Year-to-Date ▼								
Primary General	Aggregate		1							
Other (specify)		266.67]							
Full Name of Individual (Last, First, Midd C. French, Scott, W, Dr.,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2310 Cedarberry Ln			10 / Y Y Y Y 10 04 2016							
City	State	Zip Code	Transaction ID : 40023717							
North Platte	NE	69101-5966	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		300.00							
Name of Employer (for Individual) Self Employed		upation (for Individual)	Memo Item							
Receipt For:	I	tor of Optometry								
Primary General	Aggregate	Year-to-Date ▼								
Other (specify)		300.00	1							
SUBTOTAL of Receipts This Page (option	al)		766.67							
TOTAL This Period (last page this line nur	mber only)									

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PAGE 24 OF

	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
American Optometric Assoc	ciation Politica	al Action Committee								
Full Name of Individual (Last, First, Mide Gengenbach, Eric, R, Dr.,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 32830 Road 761			M M / D D / Y Y Y Y 10 04 2016							
City Grant	State NE	Zip Code 69140-3202	Transaction ID : 40023719 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		66.67							
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 266.67	1							
Full Name of Individual (Last, First, Mide B. Gengenbach, Victoria, A, Dr.,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 32830 Road 761			10 D D / Y Y Y Y 2016							
City Grant	State NE	Zip Code 69140-3202	Transaction ID : 40023720 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		66.67							
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 266.67]							
Full Name of Individual (Last, First, Mide C. Greder, Scott, L, Dr.,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 20008 Dewey Ave			10 / Y Y Y Y 10 04 2016							
City Elkhorn	State NE	Zip Code 68022-2769	Transaction ID : 40023723 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		66.66							
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 266.66	1							
SUBTOTAL of Receipts This Page (option	ial)		200.00							
TOTAL This Period (last page this line nu	mber only)									

SCHEDULE A (FEC Form 3X) _____ _

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12	47						
Any information copied from such Reports a or for commercial purposes, other than usir										
NAME OF COMMITTEE (In Full)										
American Optometric Assoc	ciation Politica	al Action Committee								
Full Name of Individual (Last, First, Mide A. Klemke, Matthew, F, Dr.,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 19264 Williams St			M M / D D / Y Y Y 10 04 2016	Y						
City	State	Zip Code	Transaction ID : 40023728							
Omaha	NE	68130-3017	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		33.6	50						
Name of Employer (for Individual)		upation (for Individual)	Memo Item							
Self Employed Receipt For:	I	tor of Optometry								
Primary General	Aggregate	Year-to-Date V								
Other (specify) ▼		233.60								
Full Name of Individual (Last, First, Midd B. Crown, Jennifer, R, Dr.,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 21126 SE 28th PI			10 06 2016	Y						
City	State	Zip Code	Transaction ID : 40024303							
Sammamish	WA	98075-7417	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		365.0	00						
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		365.00]							
Full Name of Individual (Last, First, Mido C. Theriot, Pamela, Elaine, Dr.,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1708 Castlewood Dr			M M / D D / Y Y Y 10 07 2016	Y						
City Bossier City	State LA	Zip Code 71111-5137	Transaction ID : 40054317							
FEC ID number of contributing		7111-5137	Amount of Each Receipt this Period							
federal political committee.	C		50.0	JU						
Name of Employer (for Individual) Self Employed		upation (for Individual) or of Optometry	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		500.00]							
SUBTOTAL of Receipts This Page (option	al)		448.6	60						
TOTAL This Period (last page this line nu	mber only)									

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IT?			Use separate schedule(s)				(check only one)							
			for each category of the Detailed Summary Page		× 11a 13		11b 14	11c 15	12	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	g contribu	tions				
$\overline{)}$	NAME OF COMMITTEE (In Full)													
\rangle	American Optometric Association	n Politica	I Action Committee											
A.	Full Name of Individual (Last, First, Middle Initia Powell, Kathleen, E, Dr.,	l) or Full Or	ganization Name		Date of	Re	eceipt							
	Mailing Address 9710 Copper Dr				м м 10	/	D 10 07	р / Y	2016	Y				
	City	State	Zip Code		Trans	act	ion ID :	4005431	8					
	Anchorage	AK	99507-1226	_	Amount	of	Each F	Receipt th	nis Period					
	FEC ID number of contributing federal political committee.	С			<u> </u>		-yr- 1	- 49-	85.	00				
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		Me	emo	b Item							
	Receipt For:		Year-to-Date ▼											
	Primary General	, iggi oguto		11.										
	Other (specify) V		850.00											
	Full Name of Individual (Last, First, Middle Initia Chu, Gary, Yiu-Kin, Dr.,	l) or Full Or	ganization Name		Date of	Re	eceipt							
	Mailing Address 21 Buckman Dr				м м 10	/	07) / Y	y y 2016	Ŷ				
	City	State	Zip Code		Trans	acti	ion ID :	4005431	9					
	Lexington	MA	02421-5925	_	Amount	of	Each F	Receipt th	nis Period					
	FEC ID number of contributing federal political committee.	С	50.00											
	Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry			Me	emo	o Item							
	Receipt For:	Aggregate `	Year-to-Date ▼											
	Primary General Other (specify) ▼		, 500.00]										
	Full Name of Individual (Last, First, Middle Initia Schneebeck, Jeri, Ann, Dr.,	l) or Full Or	ganization Name		Date of	Re	eceipt							
	Mailing Address 10036 E Pinewood Dr				10 ^M	/	08		ү ү 2016	Y				
	City Parker	State CO	Zip Code 80138-7804					4005596 Receipt th	57 his Period					
	FEC ID number of contributing federal political committee.	С					,	J	200.					
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		M	emo	o Item							
	Receipt For:	Aggregate `	Year-to-Date ▼											
	Other (specify)		2000.00]										
s	JBTOTAL of Receipts This Page (optional)			•			, ,	. ,	335.	00				
т	OTAL This Period (last page this line number or	ıly)		•										

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		Use separate schedule(s)	(check only one)							
ILEIVIIZED RECEIFIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
American Optometric A	ssociation Politica	al Action Committee								
Full Name of Individual (Last, Firs A. Riskedahl, Dean, E, Dr.,	st, Middle Initial) or Full Or	rganization Name	Date of Receipt							
Mailing Address 2092 32nd Ave N	IE		10 / Y Y Y Y Y 10 08 2016							
City	State	Zip Code	Transaction ID : 40055968							
Issaquah	WA	98029-7349	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		50.00							
Name of Employer (for Individual)) Occu	pation (for Individual)	Memo Item							
Self Employed	Doct	tor of Optometry	-							
Receipt For:	Aggregate	Year-to-Date 🔻								
Primary General		200.00	1							
Other (specify) ▼		380.00								
Full Name of Individual (Last, Firs		rganization Name								
B. Plowmaker Carrasco, Mel	issa, Kay, Dr.,		Date of Receipt							
Mailing Address 35 Egret Cir			10 08 2016							
City	State	Zip Code	Transaction ID : 40055969							
Denver	PA	17517-9624	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		50.00							
Name of Employer (for Individual) Self Employed	,	upation (for Individual) tor of Optometry	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	/ iggi oguto		1							
Other (specify) ▼		400.00								
Full Name of Individual (Last, Firs C. Deom, James, E, Dr.,	st, Middle Initial) or Full Or	rganization Name	Date of Receipt							
Mailing Address 448 E County Ro	1		10 08 2016							
City	State	Zip Code	Transaction ID : 40055970							
Drums	PA	18222-1618	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		200.00							
Name of Employer (for Individual)	Occi	pation (for Individual)	Memo Item							
Self Employed		or of Optometry								
Receipt For:	I	Year-to-Date V								
Primary General	33 - 3									
Other (specify)		1600.00								
SUBTOTAL of Receipts This Page	(optional)		300.00							
TOTAL This Period (last page this	line number only)									

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(che	(check only one)								
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the				or the		pose of	soliciting	g contrib	utions			
$\overline{)}$	NAME OF COMMITTEE (In Full)												
\rangle	American Optometric Associatio	n Politica	I Action Committee										
A.	Full Name of Individual (Last, First, Middle Initi Woo, Stanley, , Dr.,	al) or Full Or	ganization Name		Date of	f Re	eceipt						
	Mailing Address 5190 Via Carretas				м м 10	1	D 08		ү ү 2016	Y			
	City Yorba Linda	State CA	Zip Code 92886-4554	A				4005597 Receipt th		d			
	FEC ID number of contributing federal political committee.	С						-	250	.00			
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry,MBA		M	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]									
в.	Full Name of Individual (Last, First, Middle Initi Jensen, Paul, S., Dr.,	al) or Full Or	ganization Name		Date of	f Re	eceipt						
	Mailing Address 4717 132nd Ave SE				м м 10	/	08) / Y	y y 2016	Y			
	City Bellevue	State WA	Zip Code 98006-2132					4005597 Receipt th		d			
	FEC ID number of contributing federal political committee.	С			100.00								
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		М	emo	ttem						
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 400.00]									
С.	Full Name of Individual (Last, First, Middle Initi Coble, John, D, Dr.,	al) or Full Or	ganization Name		Date of	f Re	eceipt						
	Mailing Address 1501 Sunset Hill Dr				^M 10	/	09		2016	Y			
	City Rockwall	State TX	Zip Code 75087-3216	A				4005598 Receipt th		d			
	FEC ID number of contributing federal political committee.	С					y :		166	.67			
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1666.70]									
	UBTOTAL of Receipts This Page (optional)				_	-	, . , .	· ·	516	.67			

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ITC			Use separate schedule(s)	(ch	(check only one)							
	MIZED RECEIPTS		for each category of the Detailed Summary Page		4 11a		11b	11c	12			
	information copied from such Reports and Sta r commercial purposes, other than using the r						pose of					
N N	AME OF COMMITTEE (In Full)											
م (merican Optometric Association	n Politica	I Action Committee									
	ull Name of Individual (Last, First, Middle Initia Christoph, Richard, P, Dr.,	al) or Full Or	ganization Name		Date of	Re	eceipt					
Μ	ailing Address 2444 Garfield Ave				^M 10	/	09	/ Y	y y 2016	Y		
	ity Vest Lawn	State PA	Zip Code 19609-1902					4005598 eceipt th	8 is Period	_		
	EC ID number of contributing deral political committee.	С			<u> </u>				40.	90		
S	ame of Employer (for Individual) elf Employed		pation (for Individual) or of Optometry		Me	emc	tem					
	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 418.20]								
в	ull Name of Individual (Last, First, Middle Initia Tope, Larry, E, Dr.,	al) or Full Or	ganization Name		Date of	Re	eceipt					
_	ailing Address PO Box 252	1.00			^M 10	1	09	/ Y	2016	Y		
	aulding	State OH	Zip Code 45879-0252					4005599	-			
F	EC ID number of contributing deral political committee.	С	43013-0232	Amount of Each Receipt this Period 30.00								
	ame of Employer (for Individual) elf Employed		upation (for Individual) tor of Optometry		Me	emc	tem					
R	eceipt For:	Aggregate	Year-to-Date ▼									
-	Primary General Other (specify) ▼		, 300.00]								
	ull Name of Individual (Last, First, Middle Initia Davis, Jennifer, E, Dr.,	al) or Full Or	rganization Name		Date of	Re	eceipt					
	ailing Address 500 Handley Way	-			^M 10	1	09	/ Y	2016	Y		
	ity Ifton	State VA	Zip Code 22920-1554					4005599	is Period			
	EC ID number of contributing deral political committee.	С			<u> </u>		, :	y	41.	67		
S	ame of Employer (for Individual) elf Employed		pation (for Individual) or of Optometry		M	emo	tem					
	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 416.70]								
SUE	STOTAL of Receipts This Page (optional)			•			, .	,	112.	57		
тот	TAL This Period (last page this line number or	nly)		•			-	-				

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
II EIVILED RECEIPIO		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
American Optometric Assoc	iation Politica	al Action Committee								
Full Name of Individual (Last, First, Midd A. Lauffenburger, Rebecca, J, Dr.,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 8693 Bechtel Rd			M M / D D / Y Y Y Y 10 09 2016							
City Orrville	State OH	Zip Code 44667-9548	Transaction ID : 40055992 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		25.00							
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
Full Name of Individual (Last, First, Midd B. Bowen, Jacqueline, M, Dr.,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 3930 W 19th Street Ln			10 / Y Y Y Y Y 10 10 2016							
City Greeley	State CO	Zip Code 80634-3446	Transaction ID : 40055995 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		181.82							
Name of Employer (for Individual) Self Employed		upation (for Individual) ctor of Optometry	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		1636.38]							
Full Name of Individual (Last, First, Midd C. Parker, Adam, P, Dr.,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 10800 Rimbey Ct			10 / Y Y Y Y Y 10 10 2016							
City Glen Allen	State VA	Zip Code 23060-6481	Transaction ID : 40055996 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		83.34							
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 333.36	1							
SUBTOTAL of Receipts This Page (optional	al)		290.16							
TOTAL This Period (last page this line nur	nber only)									

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		-	Use separate schedule(s)				(check only one)							
ITEMIZED R			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17				
			y not be sold or used by any address of any political committee		or the		oose of	soliciting	g contribu	tions				
	MMITTEE (In Full)													
American	Optometric Associ	ation Politica	al Action Committee											
Full Name of In A. Birch, Todd,	ndividual (Last, First, Middl F, Dr.,	e Initial) or Full O	rganization Name	[Date of	Re	ceipt							
Mailing Address	s 984 W Riverview Dr				10 ^M	/	10) / Y	2016	Y				
City Idaho Falls		State ID	Zip Code 83401-5679					4005599 Receipt th	7 iis Period					
FEC ID number federal political	0	С					. .		50.	00				
Self Employed	oyer (for Individual)		upation (for Individual) tor of Optometry		Me	emo	Item							
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 500.00											
B. Sonsino, Je	•		rganization Name		Date of	Re	· .							
City	S 2817 West End Ave Ste 1	State	Zip Code		^M 10	/	10		2016	Y				
Nashville		TN	37203-1481					4005599 Receipt th	8 iis Period					
FEC ID number federal political	0	С					,		50.	_				
Name of Emplo	oyer (for Individual)		upation (for Individual) tor of Optometry		Me	emo	Item							
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 450.00]										
Full Name of In c. Wong, Mic	ndividual (Last, First, Middl helle, W., Dr.,	e Initial) or Full O	rganization Name		Date of	Re	ceipt							
Mailing Address	³ 2135 Desert Prairie St				^M 10	/	D 10		ү 2016	Y				
City Las Vegas		State NV	Zip Code 89135-1093					4005599 Receipt th	9 iis Period					
FEC ID number federal political	0	C					9	. ,	90.	00				
Self Employed	oyer (for Individual)		ipation (for Individual) or of Optometry		M	emo	Item							
Receipt For: Primary Other (sp	General General	Aggregate	Year-to-Date ▼ 720.00											
	eceipts This Page (optiona od (last page this line num	, 					,	y	190.	00				

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		Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	۱ L	11b 14	11c	12					
Any information copied from such Report or for commercial purposes, other than u					rpose of							
NAME OF COMMITTEE (In Full)												
American Optometric Ass	ociation Politica	al Action Committee										
Full Name of Individual (Last, First, M Estevez, Joselyn Licelo, , Dr.,												
Mailing Address 253 Cozy Lake Rd				10 / Y Y Y Y 10 2016								
City Oak Ridge	State NJ	Zip Code 07438-9138	Transaction ID : 40056002 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		42.00									
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry		Mem	o Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00]									
Full Name of Individual (Last, First, M Lenane, Patrick, Andrew, Dr.,	Date	of R	eceipt									
Mailing Address 2721 N 13th St		1		/ D D D D D D D D D D D D D D D D D D D) / Y	2016	Y					
City Fort Dodge	State	Zip Code 50501-7210	Transaction ID : 4 Amount of Each Re									
FEC ID number of contributing federal political committee.	C			50.0	00							
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry		Mem	o Item							
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		500.00]									
Full Name of Individual (Last, First, M C. Lin, Susan, Y, Dr.,	iddle Initial) or Full O	rganization Name	Date	of R	eceipt							
	Mailing Address 11 Vardon Way						2016	Y				
City Farmingdale	State NJ	Zip Code 07727-3955		ansac unt of	4 is Period							
FEC ID number of contributing federal political committee.	C				, i	, y	50.0	00				
Name of Employer (for Individual) Self Employed		upation (for Individual) or of Optometry		Mem	io Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 475.00]									
SUBTOTAL of Receipts This Page (opti	onal)				, .		142.0	00				
TOTAL This Period (last page this line	number only)											

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
II EIVIIZED RECEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11								
			person for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
American Optometric Assoc	ciation Politica	al Action Committee									
Full Name of Individual (Last, First, Mide A. Kohn, Jennifer, L, Dr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kohn, Jennifer, L, Dr.,										
Mailing Address 203 S Sangamon St Ap	108		M m / 10 2016 Transaction ID : 40056005 Amount of Each Receipt this Period 25.00								
City	State	Zip Code									
Chicago	IL	60607-3010									
FEC ID number of contributing federal political committee.	C										
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item								
Self Employed	Doc	tor of Optometry	_								
Receipt For:	Aggregate	Year-to-Date 🔻									
Primary General		250.00	1								
Other (specify) v		250.00	1								
Full Name of Individual (Last, First, Mide		rganization Name									
B. Nguyen, Judy, Thi Thu Hong, D	И.,		Date of Receipt								
Mailing Address 6247 Jarvis Ave			10 11 2016								
City	State	Zip Code	Transaction ID : 40056875								
Newark	CA	94560-1212	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		200.00								
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General	, iggi oguto		1								
Other (specify) v		1000.00	1								
Full Name of Individual (Last, First, Mide C. Babcock, Taylor, D, Dr.,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 3313 Sheridan Rd			10 11 2016								
City	State	Zip Code	Transaction ID : 40056876								
Portsmouth	OH	45662-2335	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		125.00								
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item								
Self Employed	Doct	or of Optometry									
Receipt For:	Aggregate	Year-to-Date 🔻									
Primary General Other (specify)		250.00	1								
		4	-								
SUBTOTAL of Receipts This Page (option	al)		350.00								
TOTAL This Period (last page this line nu	mber only)										

FOR LINE NUMBER:

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171			(check only one)														
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		K 11a 13		11b 14	11c	12	17							
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	contribu	tions							
$\overline{)}$	NAME OF COMMITTEE (In Full)		_														
	American Optometric Association	n Politica	I Action Committee														
A.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Brtva, Dennis, M, Dr.,						Date of Receipt										
	Mailing Address 57 Pebblebrook Ct				^M ^M 10	/	D 11) / Y	ү ү 2016	Y							
	City	State	Zip Code		Transaction ID : 40056878												
	Bloomington	IL	61705-6300	_	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С		200.00													
	Name of Employer (for Individual) Self Employed	Occu Doct		Me	emc	tem											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼														
	Other (specify)		1686.38														
			ge														
в.	Full Name of Individual (Last, First, Middle Initia Breckenridge, Bruce, F, Dr.,		Date of	Re	eceipt												
	Mailing Address 16921 SE Stoneybrook Ct						11) / Y	2016	Y							
	City Clackamas	State OR	Zip Code 97015-6701	Transaction ID : 4					-								
		C	97013-0701	An					Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.		e e						00								
	Name of Employer (for Individual) Self Employed	ipation (for Individual) for of Optometry		Me	emo	tem											
	Receipt For:	Aggregate															
	Primary General Other (specify) ▼		600.00														
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Buchanan, Steven, Matthew, Dr.,	al) or Full Or	ganization Name		Date of	Re	eceipt										
	Mailing Address 5018 Petrified Forest Trl			^M 10	/	D 11) / Y	2016	Y								
	City Colorado Spgs	State CO	Zip Code 80924-2911					4005688 Receipt th									
	FEC ID number of contributing federal political committee.	С				5											
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		Me	emo	o Item										
	Receipt For:	Aggregate	Year-to-Date ▼														
	Other (specify)																
s	UBTOTAL of Receipts This Page (optional)								310.	00							
	OTAL This Period (last page this line number or			- •			, .	,									

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 35 OF

			(check only one)											
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		K 11a 13		11b 14	11c		12	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		oose of	soliciting	cont	tributio	ons			
\setminus	NAME OF COMMITTEE (In Full)													
	American Optometric Association	n Politica	I Action Committee											
Α.	Full Name of Individual (Last, First, Middle Initia McCormick, Walter, Craig, Dr.,	l) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 924 Tibbals St				10 04 Y Y Y Y Y 2016									
	City	State	Zip Code		Transaction ID : 40056976									
	Holdrege	NE	68949-1653	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					-		_	68.00)			
	Name of Employer (for Individual)	Occu	pation (for Individual)		Me	emo	Item							
	Self Employed	Doct	or of Optometry											
	Receipt For:	Aggregate `	Year-to-Date ▼											
	Primary General		272.00	11.										
	Other (specify)													
B.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 3. Salansky, Paul, L, Dr., Jr.						ceipt							
	Mailing Address 121 N 8th St			м м 10	/	D D D 04	/ Y	201	6					
	City	State	Zip Code		Trans	acti	on ID :	4005698	4		_			
	Nebraska City	NE	68410-2456	_	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		66.67							7			
	Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry				emo	Item							
	Receipt For:	Aggregate '	Aggregate Year-to-Date ▼											
	Primary General Other (specify) ▼	General												
<u> </u>	Full Name of Individual (Last, First, Middle Initia Toelle, Mark, A, Dr.,	l) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 16258 Craig Ave			10 04 2016										
	City	State	Zip Code		Trans	act	ion ID :	4005698	6					
	Bennington	NE	68007-1885	Amount of Each					is Pe	riod	_			
	FEC ID number of contributing federal political committee.	С		Ļ.		y	y		66.66	6				
	Name of Employer (for Individual) Self Employed	Occu Docto		M	emc	ltem								
	Receipt For:	1	Doctor of Optometry ggregate Year-to-Date ▼ 266.66											
	Primary General Other (specify)													
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	2	201.33	3			
т	OTAL This Period (last page this line number or	nly)		 ►				1.45		-				

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			(check only one)										
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a 13		11b 14	11c	1	2	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	g contr	ributic	ons		
$\overline{\}$	NAME OF COMMITTEE (In Full)												
	American Optometric Association	n Politica	I Action Committee										
Α.	Full Name of Individual (Last, First, Middle Initia Vandervort, Robert, Stephen, Dr.,	l) or Full Or	ganization Name		Date o	f Re	eceipt						
	Mailing Address 16019 Lake Cir				10 04 2016 Transaction ID : 40056987 Amount of Each Receipt this Period								
	City Omaha	State NE	Zip Code 68116-2425										
	FEC ID number of contributing federal political committee.	С			<u> </u>				_	66.67	7		
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		М	emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 266.67]									
в.	Full Name of Individual (Last, First, Middle Initia Vandervort, Vicky, , Dr.,	l) or Full Or	ganization Name		Date of	f Re	eceipt						
	Mailing Address 16019 Lake Cir			M M / D D / Y Y Y Y 10 04 2016									
	City	State NE	Zip Code	Transaction ID									
	Omaha		68116-2425	_	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C				66.67							
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		M	emc	ltem						
	Receipt For:	Aggregate	lear-to-Date ▼										
	Primary General Other (specify) ▼		, 266.67										
С.	Full Name of Individual (Last, First, Middle Initia Wright, Darren, J, Dr.,	l) or Full Or	ganization Name		Date o	f Re	eceipt						
	Mailing Address 1702 M St				^M 10	/	04		2016				
	City Auburn	State NE	Zip Code 68305-2146					4005699 Receipt th		riod			
FEC ID number of contributing federal political committee.			C					, ,	_	66.67	7		
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		M	emo) Item						
	Receipt For: Primary General Other (specify)	Aggregate	/ear-to-Date ▼ 266.67	1									
s	UBTOTAL of Receipts This Page (optional)			•			,		2	200.01			
Т	OTAL This Period (last page this line number or	nly)		→						-			

FOR LINE NUMBER:

PAGE 37 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
I LEIVIIZED RECEIPIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions te to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Asso	ciation Politica	al Action Committee	
Full Name of Individual (Last, First, Mi A. Roth, Carl, J, Dr., III	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 120 N 7th Ave			10 11 2016
City Bozeman	State MT	Zip Code 59715-3304	Transaction ID : 40064276 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		166.67
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 376.67]
Full Name of Individual (Last, First, Mi B. Michaud, Jeffrey, P, Dr.,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 68 Old Fort Ln			10 / Y Y Y Y 10 06 2016
City Dunbarton	State NH	Zip Code 03046-4722	Transaction ID : 40066277 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name of Individual (Last, First, Mi c. Mc Gillen, Timothy, H, Dr.,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 8755 Hanley Ln			10 / D D / Y Y Y Y 2016
City Crown Point	State IN	Zip Code 46307-1544	Transaction ID : 40066278 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optic	nal)		666.67
TOTAL This Period (last page this line n	umber only)		

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
I LIVILLED RECEIPIO		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
			person for the purpose of soliciting contributions be to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
American Optometric Asso	ciation Politica	al Action Committee										
Full Name of Individual (Last, First, Mid Cano-Howes, Melinda, A., Dr.,	ddle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 11 Mills Ln NE			10 / Y Y Y Y 10 12 2016									
City Los Lunas	State NM	Zip Code 87031-7170	Transaction ID : 40066285 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		41.67									
Name of Employer (for Individual) Eye Associates of NM		upation (for Individual) tor of Optometry	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.70]									
Full Name of Individual (Last, First, Mid B. Dodge, Lee, Edward, Dr.,	ddle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 14312 Califa St			10 / D D / Y Y Y Y 10 12 2016									
City	State CA	Zip Code	Transaction ID : 40066286									
Sherman Oaks	CA	91401-3614	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		31.00									
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item									
Receipt For:	Aggregate	Year-to-Date 🔻										
Other (specify) ▼		310.00]									
Full Name of Individual (Last, First, Mic C. Horn, Barbara, L, Dr.,	ddle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 8045 Wacobee Dr			10 / D D / Y Y Y Y 10 12 2016									
City Myrtle Beach	State SC	Zip Code 29579-5228	Transaction ID : 40066287 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		165.29									
Name of Employer (for Individual) Self Employed		upation (for Individual) or of Optometry	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1652.90]									
SUBTOTAL of Receipts This Page (optic	nal)		237.96									
TOTAL This Period (last page this line n	umber only)											

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			Use separate schedule(s) for each category of the	(ch	eck only	y or	ne)							
	IZED RECEIPTS			′ 11a 13		11b 14	11c	12		17				
	ormation copied from such Reports and Stat commercial purposes, other than using the n				for the		pose of	soliciting	contrib		-			
\ \	IE OF COMMITTEE (In Full)													
An	nerican Optometric Association	Politica	I Action Committee											
	Name of Individual (Last, First, Middle Initia vang, Jeslyn, J, Dr.,) or Full Or	ganization Name	Date of Receipt										
Mail	ing Address 20 Cleveland Pl				10 12 2016									
City		State	Zip Code		Trans	act	ion ID :	4006628	8					
Pali	sades Pk	NJ	07650-1104		Amount	t of	Each F	Receipt th	is Perio	d				
	ID number of contributing ral political committee.	С						1.7	25	5.00				
	e of Employer (for Individual) Employed		pation (for Individual) or of Optometry		Me	emo	ttem							
Rec		Aggregate \	∕ear-to-Date ▼											
	Primary General Other (specify) ▼		250.00	11.										
	Name of Individual (Last, First, Middle Initia mes, Jonathan, F, Mr.,) or Full Or	ganization Name		Date of	f Re	eceipt							
Mail	ng Address 1505 Prince St				^M 10	1	D 12		y y 2016	Y				
City		State	Zip Code					4006628	-					
Alex	andria	VA	22314-2852		Amount	t of	Each F	Receipt th	is Perio	d	_			
	ID number of contributing ral political committee.	С			<u> </u>	_	-	-	166	6.67				
	ne of Employer (for Individual) rican Optometric Association		pation (for Individual) utive Director		Me	emo	tem							
Rec		Aggregate \	∕ear-to-Date ▼											
	Primary General Other (specify) ▼		1666.70]										
	Name of Individual (Last, First, Middle Initia Arth, Markus, I, Dr.,) or Full Or	ganization Name		Date of	Re	eceipt							
	ing Address 1346 Heller Dr				10 ^M	/	12		2016 Y	Ŷ				
City Yar	dley	State PA	Zip Code 19067-2714					4006629 Receipt th		d				
	ID number of contributing ral political committee.	С					9			.67				
	e of Employer (for Individual) Employed		pation (for Individual) or of Optometry		M	emo	o Item							
Receipt For: Age			/ear-to-Date ▼											
	Other (specify)		416.70]										
	OTAL of Receipts This Page (optional)			<u> </u>	<u> </u>		, , , ,	, , , , , , , , , , , , , , , , , , ,	233	.34				

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		(chec	k only											
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×			11b	11c	12	47					
Any information copied from such Reports and or for commercial purposes, other than using th			erson fo											
NAME OF COMMITTEE (In Full)														
American Optometric Associat	ion Politica	al Action Committee												
Full Name of Individual (Last, First, Middle In Asano, Gary, Wayne, Dr.,	nitial) or Full O	al) or Full Organization Name				Date of Receipt								
Mailing Address 1809 Manzanita Ln			Г	10 12 2016										
City Manhattan Bch	State CA	Zip Code 90266-4128					4006629 Receipt th	01 nis Period	_					
FEC ID number of contributing federal political committee.	С					y	-	50.	00					
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry		Me	emo	Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]											
Full Name of Individual (Last, First, Middle I	nitial) or Full O	rganization Name												
B. Clopton, Jason, C, Dr.,		-	D	ate of	Re	ceipt								
Mailing Address 959 River Bend Dr	1			10	/	D 12		2016	Y					
City	State TN	Zip Code 38506-5973					4006629							
Cookeville		Ar	nount	of	Each F	Receipt th	nis Period							
FEC ID number of contributing federal political committee.	С		14	_	_	-		83.	34					
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry,FCOVD		Me	emo	Item								
Receipt For:	Aggregate	Year-to-Date 🔻												
Other (specify) ▼		750.06]											
Full Name of Individual (Last, First, Middle In C. Wroten, Christopher, W, Dr.,	nitial) or Full O	rganization Name	D	ate of	Re	ceipt								
Mailing Address 25833 Royal Birkdale Dr				10 ^M	/	D 12		ү ү 2016	Y					
City Denham Spgs	State LA	Zip Code 70726-6479					4006629 Receipt th	94 nis Period						
FEC ID number of contributing federal political committee.	С		ļ			y .	9	85.	00					
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry		Me	emo	ltem								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 850.00]											
SUBTOTAL of Receipts This Page (optional)						,	9	218.3	34					
TOTAL This Period (last page this line numbe	r only)						1.70							

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1									
			13 14 15 16 1 berson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
American Optometric Asso	ociation Politica	al Action Committee										
Full Name of Individual (Last, First, Mi A. Stokes, Michael, , Mr.,	ddle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 243 N Lindbergh Blvd Fl 1												
City Saint Louis	State MO	Zip Code 63141-7851	Transaction ID : 40066297 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		75.00									
Name of Employer (for Individual) AOA		upation (for Individual) tor of Optometry	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00]									
Full Name of Individual (Last, First, Mi B. Meyer, Bruce, L, Dr.,	ddle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 297 Kinderkamack Rd	Ste 200		10 / 12 / 2016									
City	State NJ	Zip Code	Transaction ID : 40066298									
	NJ	07649-1535	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		25.00									
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		250.00]									
Full Name of Individual (Last, First, Mi C. Middleton, Deirdre, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 1505 Prince St., Ste. 3	300		10 12 / Y Y Y Y 2016									
City Alexandria	State VA	Zip Code 22314-2874	Transaction ID : 40066304 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		150.00									
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]									
SUBTOTAL of Receipts This Page (optic	onal)		250.00									
TOTAL This Period (last page this line r	number only)											

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			Use separate schedule(s)	(che	eck only	one	e)	L						
	D RECEIPTS		for each category of the Detailed Summary Page	×	11a 13	\vdash	11b	11c	12	17				
	on copied from such Reports and Second Se				for the	purp	ose of a		g contribu	utions				
NAME OF	COMMITTEE (In Full)													
Americ	an Optometric Associatio	n Politica	I Action Committee											
	e of Individual (Last, First, Middle Init I, Gabrielle, W, Dr.,	ial) or Full Or	ganization Name		Date of Receipt									
Mailing Ac	ldress 2463 NW 1st St				M M / D D / Y Y Y Y 10 12 2016									
City Bend		State OR	Zip Code 97701-1246					1006660 eceipt th	3 iis Period	d				
	umber of contributing litical committee.	С					,		170					
Self Emplo	7		pation (for Individual) or of Optometry,FCOVD		Me	emo	Item							
Receipt Fo		Aggregate	Year-to-Date ▼ 370.00]										
	of Individual (Last, First, Middle Init d, Teresa, A, Dr.,	ial) or Full Or	ganization Name		Date of	Rec	ceipt							
	ldress 6323 Grand Vista Ave				^м М 10	1	D D D 12	/ Y	y y 2016	Y				
City		State OH	Zip Code					006687						
Cincinnati			45213-1115	- 1	Amount	ofE	ach Re	eceipt th	is Period	d				
	umber of contributing litical committee.	С			Ľ.		 -		500	.00				
	Employer (for Individual) Associates of Greater Cincinn		pation (for Individual) or of Optometry		Me	emo	Item							
Receipt Fo	or:	Aggregate	Year-to-Date 🔻											
Prim Othe	ary General er (specify) ▼		, 500.00	1										
	e of Individual (Last, First, Middle Init D. Cory, , Dr.,	ial) or Full Or	ganization Name		Date of	Rec	ceipt							
	dress 10748 Sprucedale Ave				10 ^M	/	D D D 13	/ Y	2016	Y				
City Las Vega	s	State NV	Zip Code 89144-4401					1006688 eceipt th	81 lis Period	d				
	umber of contributing litical committee.	С					9	,	100	.00				
Self Emplo			pation (for Individual) or of Optometry		Me	emo	ltem							
Receipt Fo		Aggregate	Year-to-Date ▼ 1000.00]										
SUBTOTAL	of Receipts This Page (optional)						y	,	770	.00				
TOTAL This	Period (last page this line number of	only)					,							

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ITEMIZED R		-	Use separate schedule(s)	(che	eck only	y on	ie)				-		
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12		17		
			y not be sold or used by any p ddress of any political committe		for the		ose of	soliciting	contrib				
	MMITTEE (In Full)												
American	Optometric Associa	ation Politica	al Action Committee										
Full Name of I A. Hess, Steph	ndividual (Last, First, Middle nen, E, Dr.,	e Initial) or Full O	rganization Name		_ Date of Receipt								
Mailing Addres	s 58 Brookwood Rd				^M 10	/	D D 13	/ Y	y y 2016	Y			
City		State	Zip Code		Trans	acti	on ID : 4	4006688	2				
lvyland		PA	18974-1266		Amount	t of	Each Re	eceipt th	is Perio	d			
FEC ID number federal political	er of contributing I committee.	C					,		25	5.00			
Name of Emplo	oyer (for Individual)		pation (for Individual) or of Optometry		Me	emo	Item						
Receipt For:		Aggregate	Year-to-Date V										
Other (sp	General		225.00	11									
Other (s			223.00	- 1-									
	ndividual (Last, First, Middle	e Initial) or Full O	rganization Name		Date of	Re	ceipt						
Mailing Addres	s 30 Winchester Rd				^M 10	1	D D D 13	/ Y	y y 2016	Y			
City		State	Zip Code					1006688					
Lakewood		NY	14750-1734	^	Amount	t of	Each Re	eceipt th	is Perio	d	_		
FEC ID numbe federal political	er of contributing I committee.	C			<u> </u>				50	0.00			
Name of Empl Self Employed	loyer (for Individual)		upation (for Individual) tor of Optometry		Me	emo	Item						
Receipt For:		Aggregate	Year-to-Date 🔻										
Other (sp	General pecify) ▼		, 500.00										
	ndividual (Last, First, Middle avid, Robert, Dr.,	e Initial) or Full O	rganization Name		Date of	Re	ceipt						
	s 4962 Shoreline Dr				^M 10	1	13	/ Y	2016	Y			
City		State	Zip Code		Trans	acti	on ID : 4	4006688	4				
Frisco		ТХ	75034-4058		Amount	of	Each Re	eceipt th	is Perio	d	_		
FEC ID numbe federal political	er of contributing I committee.	С			<u> </u>	_	9		200	0.00			
Name of Employed	oyer (for Individual)		ipation (for Individual) or of Optometry		M	emo	Item						
Receipt For:		Aggregate	Year-to-Date ▼										
Primary General Other (specify)			2000.00]									
SUBTOTAL of R	Receipts This Page (optional)							275	5.00	٦		
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Use separate schedule(s)

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171			Use separate schedule(s)	(che	eck only	y on	ie)	L					
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12	_			
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
$\overline{)}$	NAME OF COMMITTEE (In Full)												
\sum	American Optometric Association	n Politica	al Action Committee										
Α.	Full Name of Individual (Last, First, Middle Initia Pitt, Trent, , Dr.,	al) or Full Or	rganization Name		Date of Receipt								
	Mailing Address 3011 NW 63rd St Ste A				10 13 2016								
	City Oklahoma City	State OK	Zip Code 73116-3642					4006688 eceint th	5 is Period				
	FEC ID number of contributing federal political committee.	С							41.0	67			
	Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry		Me	emo	ltem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.70										
в.	Full Name of Individual (Last, First, Middle Initia Teague, Audie, M, Dr., Jr.	al) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 105 Friar Tuck Ln				м м 10	/	13	/ Y	2016	Y			
	City Prescott	State AR	Zip Code 71857-2608					4006688 eceipt th	6 is Period				
	FEC ID number of contributing federal political committee.	С					7		100.	00			
	Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]									
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Burns, John, L, Dr.,	al) or Full Or	rganization Name		Date of	Re	ceipt						
•	Mailing Address 1407 Houndhill Rd				10 ^M	/	13	/ Y	2016	Y			
	City Crofton	State MD	Zip Code 21114-3213					4006688 eceipt th	8 is Period	_			
	FEC ID number of contributing federal political committee.	С					9		91.	25			
	Name of Employer (for Individual) Self Employed		upation (for Individual) for of Optometry		Me	emo	Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00]									
	UBTOTAL of Receipts This Page (optional)			▶		_	, . , .	· · ·	232.9	92			
Т	OTAL This Period (last page this line number of	nly)		▶		_	,	-					

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PAGE 45 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
IILIVIIZED KEGEIF13		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 □									
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
American Optometric Associa	ation Politica	al Action Committee										
Full Name of Individual (Last, First, Middle A. Wright, H. Lindsay, , Dr.,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 798 Trail Ridge Dr			10 / Y Y Y Y 10 13 2016									
City Louisville	State CO	Zip Code 80027-3113	Transaction ID : 40067851									
	00	00027-3113	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		83.34									
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item									
Armed Forces Optometric Society	Doc	tor of Optometry										
Receipt For:	Aggregate	Year-to-Date 🔻										
Primary General		583.38										
Other (specify) v												
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name										
B. Draisin, Neil, W, Dr.,			Date of Receipt									
Mailing Address 21 Fairway Village Ln			10 / Y Y Y Y 2016									
City	State SC	Zip Code	Transaction ID : 40068107									
Isle Of Palms	SC	29451-2732	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		41.67									
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item									
Receipt For:	Aggregate	Year-to-Date V										
Primary General												
Other (specify) ▼		375.03										
Full Name of Individual (Last, First, Middle C. Wright, H. Lindsay, , Dr.,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 798 Trail Ridge Dr			10 / Y Y Y Y Y 10 13 / 2016									
City Louisville	State CO	Zip Code 80027-3113	Transaction ID : 40068108									
		80027-3113	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		249.94									
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item									
Armed Forces Optometric Society	Doct	or of Optometry										
Receipt For:	Aggregate	Year-to-Date 🔻										
Primary General		833.32										
Other (specify)												
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line numl			374.95									

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PAGE 46 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
II EIVILED REGEIFIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17									
			person for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
American Optometric Asso	ciation Politica	al Action Committee										
Full Name of Individual (Last, First, Mid Daniels, Kenneth, Martin, Dr.,	ddle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 4 Colebrook Ct			M M / D D / Y Y Y Y 10 12 2016									
City	State	Zip Code	Transaction ID : 40068114									
Princeton	NJ	08540-7049	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		750.00									
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item									
Self Employed	Doc	tor of Optometry										
Receipt For:	Aggregate	Year-to-Date 🔻										
Primary General		760.00	1									
Other (specify) v		750.00	1									
Full Name of Individual (Last, First, Mid	ddle Initial) or Full O	rganization Name										
B. Rosenak, Steven, Weber, Dr.,		-	Date of Receipt									
Mailing Address 19705 NE Red Oak Blu			10 / 12 / 2016									
City	State	Zip Code	Transaction ID : 40068115									
Saint Joseph	MO	64505-8582	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		365.00									
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		365.00]									
Full Name of Individual (Last, First, Mid C. Klaus, Nelson, C, Dr., Jr.	ddle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 833 Shinn Point Rd			10 / Y Y Y Y 2016									
City Wiles in stars	State NC	Zip Code	Transaction ID : 40068131									
Wilmington		28409-2113	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		100.00									
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item									
Receipt For:	I	Year-to-Date ▼										
Other (specify)		300.00]									
SUBTOTAL of Receipts This Page (optic	nal)		1215.00									
TOTAL This Period (last page this line n	umber only)											

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IT.			Use separate schedule(s)	(che	eck only	/ on	e)						
			for each category of the Detailed Summary Page	×	11a 13		11b	11c	12		17		
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		ose of :	soliciting	contrik				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association	n Politica	I Action Committee										
A.	Full Name of Individual (Last, First, Middle Initia Samek, Michael, , Dr.,	al) or Full Or	ganization Name		Date of Receipt								
	Mailing Address 6920 Roosevelt Way Ne # 266				10 / Y Y Y Y 10 14 2016								
	City Seattle	State WA	Zip Code 98115-6635					4006815 eceipt th		d			
	FEC ID number of contributing federal political committee.	С					<u>.</u>	-7	36	5.00			
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00]									
в.	Full Name of Individual (Last, First, Middle Initia Stafford, Timothy, A, Dr.,	al) or Full Or	ganization Name		Date of	Re	ceipt						
	Mailing Address 1012 Julius Richardson Rd			10 / D D / Y Y Y Y 2016									
	City Irmo	State SC	Zip Code 29063-9740					1006820 eceipt th	-	d			
	FEC ID number of contributing federal political committee.	С					y			0.00			
	Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry			Me	emo	Item						
	Receipt For: Primary General		Year-to-Date ▼										
	Other (specify) V												
c.	Full Name of Individual (Last, First, Middle Initia Chaney, Michelle, Wika, Dr.,	al) or Full Or	ganization Name		Date of	Re	ceipt						
	Mailing Address 3614 Coneflower Dr				^M 10	/	D D D 14	/ Y	2016	Y			
	City Fort Collins	State CO	Zip Code 80521-7542					4006820 eceipt th		d			
	FEC ID number of contributing federal political committee.	С					,	, ,	4	5.00			
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		M	emo	ltem						
	Receipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 1910.00]									
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	91	0.00			
т	OTAL This Period (last page this line number or	nly)									T.		

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171			Use separate schedule(s)	(ch	eck only	y or	ne)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b	11c	12	Г	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g contr	ibutio	ons			
$\overline{)}$	NAME OF COMMITTEE (In Full)		_											
	American Optometric Association	n Politica	al Action Committee											
Α.	Full Name of Individual (Last, First, Middle Initia Anderson, Jeffrey, C., Dr.,	al) or Full Oi	rganization Name		Date of Receipt									
	Mailing Address 205 Story St				м м 10	1	D D 14	/ Y	2010	ү ү 6	1			
	City	State	Zip Code		Trans	acti	ion ID:	4006820	7					
	Boone	IA	50036-4242		Amount	of	Each R	eceipt th	is Per	iod				
	FEC ID number of contributing federal political committee.	С							2	50.00)			
	Name of Employer (for Individual)		pation (for Individual)		Me	emc	Item							
	Self Employed Receipt For:		or of Optometry											
	Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) V		1000.00	4										
в.	Full Name of Individual (Last, First, Middle Initia Patera, Gregory, L, Dr.,	al) or Full Oi	rganization Name		Date of	Re	ceipt							
	Mailing Address 6256 Sunset Bch				10 ^M	/	D D 14	/ Y	2016		1			
	City	State	Zip Code 48849-9652					4006820	-					
	Lake Odessa	MI		Amount	of	Each R	eceipt th	is Per	iod					
	FEC ID number of contributing federal political committee.	C			Ľ.	_				50.00)			
	Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry		Me	emc	Item							
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		, 300.00	1										
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Richlin, Steven, , Dr.,	al) or Full Oi	rganization Name		Date of	Re	ceipt							
	Mailing Address 16225 Quemada Rd				^M 10	1	D D 15	/ Y	2016					
	City	State CA	Zip Code					4007297			_			
	Encino	CA	91436-3620	_	Amount	of	Each R	eceipt th	is Per	iod				
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	,		5	00.00)			
	Name of Employer (for Individual) Self Employed		ipation (for Individual) or of Optometry		Me	emo	ltem							
	Receipt For:	Aggregate	Year-to-Date V											
	Other (specify)		4000.00]										
s	UBTOTAL of Receipts This Page (optional)			 ▶					80	00.00				
	OTAL This Period (last page this line number o			_ ▶				- 7		-				

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
American Optometric Assoc	iation Politica	al Action Committee								
Full Name of Individual (Last, First, Midd Loranger, Alison, J, Dr.,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1453 S Sherman Street			M M / D D / Y Y Y Y 10 15 2016							
City Denver	State CO	Zip Code 80210-2214	Transaction ID : 40072978 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		50.00							
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]							
Full Name of Individual (Last, First, Midd B. Carlson, Teresa, L, Dr.,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 6607 S Forest Way Unit	D		M M / D D / Y Y Y Y 10 15 2016							
City Centennial	State CO	Zip Code 80121-3566	Transaction ID : 40072980 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		21.00							
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 834.00]							
Full Name of Individual (Last, First, Midd C. Gaddie, Ian, Benjamin, Dr.,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4001 Fox Meadow Way			10 15 2016							
City Prospect	State KY	Zip Code 40059-9115	Transaction ID : 40072981 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		250.00							
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]							
SUBTOTAL of Receipts This Page (optional	al)		321.00							
TOTAL This Period (last page this line nur	nber only)									

FOR LINE NUMBER:

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		Use separate schedule(s)	(che	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12	17		
Any information copied from such Reports or for commercial purposes, other than usin				or the p		pose of	soliciting	contribu	tions		
NAME OF COMMITTEE (In Full)											
American Optometric Assoc	ciation Politica	al Action Committee									
Full Name of Individual (Last, First, Mide A. Hock, Dan, , Dr.,	dle Initial) or Full O	rganization Name		Date of	Re	ceipt					
Mailing Address 600 Eagle Nest Trl				м м 10	/	D 15) / Y	ү ү 2016	Y		
City	State CO	Zip Code					4007298		_		
Evergreen		80439-4242	A	mount	of	Each R	leceipt th	is Period			
FEC ID number of contributing federal political committee.	С			_		-		100.	00		
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry		Me	emo	Item					
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		800.00	11								
Other (specify) V											
Full Name of Individual (Last, First, Mide B. Cleveland, Trevor, J, Dr.,	dle Initial) or Full O	rganization Name		Date of	Re	ceipt					
Mailing Address 3726 Robbie St				м м 10	/	D 16	/ Y	ү ү 2016	Y		
City	State	Zip Code					4007299				
Eugene	OR	97404-1996	A	mount	of	Each F	leceipt th	is Period			
FEC ID number of contributing federal political committee.	С				_			84.	00		
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry		Me	emo	Item					
Receipt For:	Aggregate	Year-to-Date V									
Other (specify) ▼		1090.00]								
Full Name of Individual (Last, First, Mide C. Ochiltree, Andrew, , Dr.,	dle Initial) or Full O	rganization Name		Date of	Re	ceipt					
Mailing Address 651 Canyon Hills Rd				M M 10	/	16		ү ү 2016	Y		
City	State	Zip Code		Trans	act	ion ID :	4007299	5			
Kingman	AZ	86409-1234	A	mount	of	Each F	leceipt th	is Period			
FEC ID number of contributing federal political committee.	С					,	,	50.	00		
Name of Employer (for Individual) Self Employed		upation (for Individual) or of Optometry		Me	emc	tem					
Receipt For:	I	Year-to-Date ▼									
Other (specify)		500.00]								
SUBTOTAL of Receipts This Page (option	al)							234.	00		
TOTAL This Period (last page this line nu	,						- 7				

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)							
			for each category of the Detailed Summary Page			\vdash	11b	11c 15	12	17		
	ation copied from such Reports and Sinnercial purposes, other than using the					purp	ose of :	soliciting	g contrib	utions		
\ \	F COMMITTEE (In Full) ican Optometric Associatic	on Politica	I Action Committee									
	ne of Individual (Last, First, Middle Init Margaret, M, Dr.,	ial) or Full Or	ganization Name		Date of	Rec	ceipt					
Mailing A	Address 5484 Midship Ct				м м 10	/	D D D 16	/ Y	y y 2016	Y		
City Burke		State VA	Zip Code 22015-1932					4007299 eceipt th	6 is Perio	d		
	number of contributing political committee.	С					y	-	85	5.00		
Name of Self Emp	Employer (for Individual)		pation (for Individual) or of Optometry		Me	emo	Item					
	For: mary General her (specify) ▼	Aggregate `	Year-to-Date ▼ 850.00]								
	ne of Individual (Last, First, Middle Init er, Mark, T, Dr.,	ial) or Full Or	ganization Name		Date of	Rec	ceipt					
	Address 2200 Blairsferry Xing				M M 10	/	D D D 16	/ Y	2016	Y		
City Hiawath	a	State IA	Zip Code 52233-7900					1007299	8 iis Perio	d		
	number of contributing olitical committee.	С					,			5.00		
Name of Self Emp	f Employer (for Individual) loyed		pation (for Individual) or of Optometry		Me	emo	Item					
Receipt	For: mary General	Aggregate `	Year-to-Date ▼									
	her (specify) ▼		450.00	4								
c. Richa	ne of Individual (Last, First, Middle Init Irdson, N. Gregory, , Dr.,	ial) or Full Or	ganization Name		Date of	Rec	ceipt					
	Address 1440 Eastridge Dr				10 ^M	/	D D D 16	L	2016	Y		
City Pocatell	0	State ID	Zip Code 83201-3103					4007299 eceipt th	is Perio	d		
	number of contributing political committee.	С					y	9	30).00		
Self Emp			pation (for Individual) or of Optometry		M	emo	Item					
	For: mary General her (specify)	Aggregate	Year-to-Date ▼ 300.00]								
SUBTOTA	L of Receipts This Page (optional)			•			,	. ,	160	0.00		
TOTAL Th	is Period (last page this line number o	only)										

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IT.			Use separate schedule(s)	(ch	eck only	/ one	e)					
			for each category of the Detailed Summary Page		11a 13		11b	11c 15	12	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the	purp	ose of :	soliciting	contrib	utions		
$\overline{\ }$	NAME OF COMMITTEE (In Full)											
	American Optometric Association	n Politica	al Action Committee									
Α.	Full Name of Individual (Last, First, Middle Initia Eiss, Steven, P, Dr.,	al) or Full Or	rganization Name	Date of Receipt								
	Mailing Address 5674 Keith Ln				10 ^M	/	D D D 16	/ Y	2016	■ Y		
	City	State	Zip Code		Trans	actic	_	4007300				
	Emmaus	PA	18049-5046		Amount	of E	Each Re	eceipt th	is Perio	d		
	FEC ID number of contributing federal political committee.	С					<u>, , , , , , , , , , , , , , , , , , , </u>	7	42	2.00		
	Name of Employer (for Individual)	Occu	upation (for Individual)		Me	emo	Item					
	Self Employed	Doct	tor of Optometry									
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General	· · ·	420.00	11.								
	Other (specify) v		420.00	4								
	Full Name of Individual (Last, First, Middle Initia	al) or Full Or	rganization Name									
В.	Fries, Jeffrey, A, Dr.,				Date of	Rec	ceipt	_				
	Mailing Address 321 Monterey Way	State	Zip Code		10 ^M	/	16	/ Y	2016	Y		
	City Vancouver	WA	98661-6049	-				1007300	2 is Perio	d		
	FEC ID number of contributing				Amount			eceipt til	IS FEIIO	u		
	federal political committee.	С			<u>L</u>		<u> </u>	-	50	0.00		
	Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry		Me	emo	Item					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		500.00]								
— С.	Full Name of Individual (Last, First, Middle Initia Bacigalupi, Michael, , Dr.,	al) or Full Or	rganization Name		Date of	Rec	eipt					
	Mailing Address 622 SE 13th St				м м 10	1	D D D 16	/ Y	2016	Y		
	City	State	Zip Code		Trans	actio	on ID : 4	4007300	3			
	Ft Lauderdale	FL	33316-2023		Amount	of E	Each Re	eceipt th	is Perio	d		
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	, <u>,</u>	30	0.42		
	Name of Employer (for Individual) Self Employed		upation (for Individual) or of Optometry		M	emo	Item					
	Receipt For:		Year-to-Date ▼	_								
	Primary General	Ayyreyale		11								
	Other (specify)		304.20									
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L 1	VIAL THIS I CHOU (IASL PAYE THIS INC HUITIDE O	· ··y / · · · · · · · · · · · · · · · ·	·····		la de la companya de	1.1				12 July 10		

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1							
			person for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) American Optometric Assoc	iation Politica	al Action Committee								
Full Name of Individual (Last, First, Middl Lowe, Sue, Esther, Dr.,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1704 Skyline Rd			M M / D D / Y Y Y Y 10 16 2016							
City Laramie	State WY	Zip Code 82070-8932	Transaction ID : 40073004 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		166.67							
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1666.70]							
Full Name of Individual (Last, First, Middl Avallone, Gary, James, Dr.,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 144 Fox Run			10 / D D / Y Y Y Y 10 16 2016							
City West Monroe	State LA	Zip Code 71291-8137	Transaction ID : 40073005 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		166.67							
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1666.70]							
Full Name of Individual (Last, First, Midd C. Rioux, Timothy, D, Dr.,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 147 Pleasant St	1		10 / D D / Y Y Y Y 10 16 2016							
City Fort Kent	State ME	Zip Code 04743-1502	Transaction ID : 40073006 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]							
SUBTOTAL of Receipts This Page (optional	l)		583.34							
TOTAL This Period (last page this line nun	nber only)									

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т			Use separate schedule(s)	(che	eck only	y one	e)	L				
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page			\vdash	11b 14	11c 15	12	17		
	ny information copied from such Reports and Sta for commercial purposes, other than using the					purp	ose of s	soliciting	contrib	utions		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association	n Politica	I Action Committee									
A.	Full Name of Individual (Last, First, Middle Initia Barrett, Lee Ann, , Dr.,	al) or Full Or	ganization Name	Date of Receipt								
	Mailing Address 1199 E Morgan St				^M 10	/	D D 17	/ Y	y y 2016	Y		
	City Boonville	State MO	Zip Code 65233-1336					1007373 eceipt th	8 is Period	b		
	FEC ID number of contributing federal political committee.	С					y	-95-	50	.00		
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1								
в.	Full Name of Individual (Last, First, Middle Initia Roland, Nathaniel, , Dr.,	al) or Full Or	ganization Name		Date of	Rec	ceipt					
	Mailing Address 10001 Admiral Emerson Ave Ne				м м 10	/	D D 17	/ Y	y y 2016	Y		
	City Albuquerque	State NM	Zip Code 87111-1339					007373	9 is Period	4		
	FEC ID number of contributing federal political committee.	С			Amount				166	_		
	Name of Employer (for Individual) Self Employed		pation (for Individual) for of Optometry		Me	emo	Item					
	Receipt For: Primary General	Aggregate `	Year-to-Date ▼									
	Other (specify)		, 1166.69									
C.	Full Name of Individual (Last, First, Middle Initia Bender, John, T, Dr., Jr.	al) or Full Or	ganization Name	[Date of	Rec	ceipt					
	Mailing Address 261 Highway 167	1			^M 10	/	D D 17	/ Y	2016 ^Y	Y		
	City Daleville	State AL	Zip Code 36322-6564					4007374 eceipt th	is Period	t		
	FEC ID number of contributing federal political committee.	С					9	,	50	.00		
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		M	emo	Item					
	Receipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 500.00	1								
s	UBTOTAL of Receipts This Page (optional)			•			9	,	266	.67		
Т	OTAL This Period (last page this line number or	nly)										

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			(check only one)										
TEMIZED RECEIPTS			for each category of the Detailed Summary Page		K 11a 13		11b 14	11c		12 16	17		
	information copied from such Reports and Stat or commercial purposes, other than using the na			for the		pose of	soliciting	g con	tributio	ons			
<u> </u>	NAME OF COMMITTEE (In Full)												
\rangle /	American Optometric Association	Politica	al Action Committee										
	ull Name of Individual (Last, First, Middle Initial Haranin, Michele, R, Dr.,) or Full Or	rganization Name		Date of	f Re	eceipt						
N	Nailing Address 301 Concord Rd			10 17 2016									
	Dity Dover	State DE	Zip Code 19904-9100					4007374 Receipt th		eriod	_		
	EC ID number of contributing ederal political committee.	С								75.00)		
S	Name of Employer (for Individual) Self Employed		ipation (for Individual) for of Optometry		M	emo	tem						
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00										
B	Full Name of Individual (Last, First, Middle Initial Jones, Ian, M, Dr.,) or Full Or	rganization Name		Date of	f Re	eceipt						
_	Nailing Address 32 Deer Hill Ln	1			^M 10	1	D D D D D D D D D D D D D D D D D D D) / Y	201	16			
	Dity	State ME	Zip Code	Transaction ID : 40073745									
_	Hampden		04444-3400	_	Amount	t of	Each H	Receipt th	nis Pe	riod	_		
	EC ID number of contributing ederal political committee.	С			Ľ.		-	-		100.00)		
	Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry		M	emo	tem						
F		Aggregate `	Year-to-Date ▼										
	Primary General Other (specify) ▼		, 1000.00										
	ull Name of Individual (Last, First, Middle Initial Burges, William, R, Dr.,) or Full Or	rganization Name		Date of	f Re	eceipt						
N	Aailing Address 405 Paris St				10 ^M	1	D 17		201	16			
	Dity Castroville	State TX	Zip Code 78009-4511				-	400737 4 Receipt th	-	eriod			
	EC ID number of contributing ederal political committee.	С			<u> </u>		, . ,	. ,		100.9 ²	1		
	Jame of Employer (for Individual) Self Employed		ipation (for Individual) or of Optometry		M	emo	o Item						
Ē	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 998.20										
su	BTOTAL of Receipts This Page (optional)		•				,	,		275.91			
то	TAL This Period (last page this line number on	ly)	•	-			-						

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			Use separate schedule(s)			(check only one)							
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page				11b 14	11c	12	Г	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the						oose of	soliciting	g contrib		ns		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association	n Politica	I Action Committee										
<u> </u>	Full Name of Individual (Last, First, Middle Initia Plattner, Brian, J, Dr.,	al) or Full Or	ganization Name		Date of	Be	ceint						
	Mailing Address 917 S Market St			10 17 2016									
	City Knoxville	State IL	Zip Code 61448-1299					4007374 eceipt th		od			
	FEC ID number of contributing federal political committee.	С							8	5.00			
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		M	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00]									
B.	Full Name of Individual (Last, First, Middle Initia Millirons, John, M, Dr.,	al) or Full Or	ganization Name		Date of	Re	ceipt						
	Mailing Address 211 S Oakdale Dr				^M M	/	D D 17	/ Y	2016	Y			
	City Stillwater	State OK	Zip Code 74074-6888		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					7			1.67			
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		M	emo	Item						
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Other (specify) ▼		416.70										
C.	Full Name of Individual (Last, First, Middle Initia Franceschini, Joseph, A., Dr.,	al) or Full Or	ganization Name		Date of	Re	ceipt						
	Mailing Address 1600 West 16th Street, Ste 10				^M 10	1	D D 17	/ Y	2016	Y]		
	City Oak Brook	State IL	Zip Code 60523-1302					4007510 eceipt th		od			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	· ·	25	0.00			
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		M	emo	tem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]									
s	UBTOTAL of Receipts This Page (optional)						,		37	6.67			
т	OTAL This Period (last page this line number o	nly)								-			

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PAGE 57 OF

		Use separate schedule(s)		(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page			11a 13		11b 14	11c 15	12	Г	17		
Any or fo	information copied from such Reports and Stat r commercial purposes, other than using the n	ements may ame and ad	y not be sold or used by any p ldress of any political committee	erson e to sc	for the plicit co	pur ntrib	pose of outions fr	soliciting	g contri h comn	butio nittee	ns ,		
	AME OF COMMITTEE (In Full)												
) A	merican Optometric Association	Politica	I Action Committee										
	ull Name of Individual (Last, First, Middle Initial Prouty, Robert, E, Dr.,) or Full Or	ganization Name	Date of Receipt									
М	ailing Address 8886 N Awl Rd			10 18 2016									
Ci	-	State	Zip Code		Trans	acti	ion ID :	4007917	6				
P	arker	CO	80138-6840	_	Amoun	t of	Each R	eceipt th	nis Peri	od			
	EC ID number of contributing deral political committee.	С							10	00.00			
N	ame of Employer (for Individual)	Occu	pation (for Individual)	-	М	emc	Item						
	elf Employed	Docto	or of Optometry										
R		Aggregate \	/ear-to-Date ▼										
	Primary General		1000.00	11									
	Other (specify)		1000.00	_									
	ull Name of Individual (Last, First, Middle Initial Ellis, Joe, E, Dr.,) or Full Or	ganization Name		Date of	f Re	ceipt						
М	ailing Address 179 Wood Trce				^M 10	/	D D 18	/ Y	2016		1		
Ci	ty	State	Zip Code		Transaction ID : 40079177								
В	enton	KY	42025-9400		Amoun	t of	Each R	eceipt th	nis Peri	od			
	EC ID number of contributing deral political committee.	С					-		16	66.67			
N Se	ame of Employer (for Individual) If Employed		pation (for Individual) or of Optometry		М	emc	Item						
R	eceipt For:	Aggregate \	/ear-to-Date ▼										
[Primary General			11.									
	Other (specify)		, 1666.70	4									
	III Name of Individual (Last, First, Middle Initial Aubuchon, Julie Metzger, , Dr.,) or Full Or	ganization Name		Date of	f Re	ceipt						
	ailing Address 72 Belmont Ct				10 ^M	/	D D 18	/ Y	2016		1		
Ci	ty	State	Zip Code		Trans	act	ion ID :	4007917	78	-			
F	lorence	KY	41042-8986		Amoun	t of	Each R	eceipt th	nis Peri	od			
	EC ID number of contributing deral political committee.	С			<u> </u>		y .	, y	60	00.00			
S	ame of Employer (for Individual) elf Employed		pation (for Individual) or of Optometry		М	emo	tem						
R		Aggregate	lear-to-Date ▼										
-	Other (specify)		600.00]									
SUE	BTOTAL of Receipts This Page (optional)								86	6.67			
	AL This Period (last page this line number on			-							Π		

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11	TEMIZED RECEIPTS		for each category of the Detailed Summary Page				11b 14	11c 15	12 16	17		
	y information copied from such Reports and St for commercial purposes, other than using the											
\setminus	NAME OF COMMITTEE (In Full)											
	American Optometric Associatio	n Politica	al Action Committee									
Α.	Full Name of Individual (Last, First, Middle Initi Walker, Douglas, J, Dr.,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address PO Box 988				^M 10	1	D D D 18	/ Y	y y 2016	Y		
	City Brookings	State OR	Zip Code 97415-0021				on ID : 4 Each Re			d		
	FEC ID number of contributing federal political committee.	С					.		2	5.00		
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		M	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]								
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name	_								
В.	Chous, Linda, M, Dr.,		gaa		Date of	Re	·	_				
	Mailing Address 1295 W Royal Oaks Dr	Otata	7		^M 10	/	D D D 18	/ Y	2016	Y		
	City Shoreview	State MN	Zip Code 55126-8478		Trans	-	al					
	FEC ID number of contributing		33120-0478		Amount	OT	Each Re	eceipt tr				
	federal political committee.	С			<u></u>		-		200	0.00		
	Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry		M	emo	Item					
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Other (specify) ▼		, 1400.00]								
с.	Full Name of Individual (Last, First, Middle Initi Walters, Scott, M, Dr.,	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 1025 NW Regent Dr				10 ^M	/	D D 18	/ Y	2016	Y		
	City Grants Pass	State OR	Zip Code 97526-3383				i on ID : 4 Each Re			d		
	FEC ID number of contributing federal political committee.	С			<u> </u>		9		250	0.00		
	Name of Employer (for Individual) Self Employed		ipation (for Individual) or of Optometry		М	emo	Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]								
s	UBTOTAL of Receipts This Page (optional)			•			9		475	5.00		
т	OTAL This Period (last page this line number o	only)		•								

SCHEDULE A (FEC Form 3X) - DEAEIDTA

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)			(check only one)							
111	IEMIZED RECEIFIS		for each category of the Detailed Summary Page		× 11a		11b	11c	12	Г	47		
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	American Optometric Association	n Politica	I Action Committee										
Α.	Full Name of Individual (Last, First, Middle Initia Rush, Nicole, , Dr.,	al) or Full Or	ganization Name	Date of Receipt									
	Mailing Address PO Box 956			10 18 2016									
	City Bandon	State OR	Zip Code 97411-0956					4007918 eceipt th		d	_		
	FEC ID number of contributing federal political committee.	С			<u> </u>				8	5.00			
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 595.00]									
в.	Full Name of Individual (Last, First, Middle Initia Levin, Michelle, , Dr.,	al) or Full Or	ganization Name		Date of	Re	ceipt						
	Mailing Address 1039 Creekford Drive				м м 10	/	D D 18	/ Y	2016	Y]		
	City	State FL	Zip Code					4007918					
	Weston		33326-2859		Amount	of	Each R	eceipt th	is Perio	d	-		
	FEC ID number of contributing federal political committee.	С			<u>L</u> .		T		250	0.00	_		
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		Me	emo	Item						
	Receipt For:	Aggregate	lear-to-Date ▼										
	Primary General Other (specify) ▼		750.00]									
с.	Full Name of Individual (Last, First, Middle Initia Smith, Michael, K, Dr.,	al) or Full Or	ganization Name		Date of	Re	ceipt						
	Mailing Address 1239 Goggin Ln				10 ^M	/	D D D 18	/ Y	2016	Y]		
	City Danville	State KY	Zip Code 40422-9366					4007918 eceipt th		d			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	,	250	0.00			
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		Me	emo	Item						
	Receipt For: Primary General Other (specify)	Aggregate	/ear-to-Date ▼ 750.00]									
s	UBTOTAL of Receipts This Page (optional)			•			,	,	585	5.00			
т	OTAL This Period (last page this line number or	וy)		•						-			

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		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
Any information copied from such Reports and or for commercial purposes, other than using			13 14 15 16 erson for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
American Optometric Associa	tion Politica	al Action Committee									
Full Name of Individual (Last, First, Middle Gurley, Richard, Dean, Dr.,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 800 S Promise Land Rd			10 18 2016								
City Distribution	State	Zip Code	Transaction ID : 40079186								
Blytheville	AR	72315-7746	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		100.00								
Name of Employer (for Individual)		upation (for Individual)	Memo Item								
Self Employed Receipt For:		tor of Optometry Year-to-Date ▼	_								
Primary General											
Other (specify)		300.00]								
Full Name of Individual (Last, First, Middle B. Arabitg, Arsenio, , Dr.,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 8365 SW 187th Ter			10 18 / Y Y Y Y 10 18								
City	State	Zip Code	Transaction ID : 40079187								
Cutler Bay	FL	33157-7346	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		85.00								
Name of Employer (for Individual) Self Employed		upation (for Individual) ctor of Optometry	Memo Item								
Receipt For:	I	Year-to-Date ▼	—								
Primary General Other (specify) ▼		255.00]								
Full Name of Individual (Last, First, Middle C. Terrell, Jenny, G, Dr.,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2024 Mountainview Dr			10 18 / Y Y Y Y 10 18								
City	State TX	Zip Code	Transaction ID : 40079188								
Hurst		76054-2920	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		200.00								
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify)		1400.00]								
SUBTOTAL of Receipts This Page (optional).			385.00								
TOTAL This Period (last page this line numb											

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	-	Use separate schedule(s)	(check only one)						
II EIVIIZED REGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1						
			13 14 15 16 1 person for the purpose of soliciting contributions te to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) American Optometric Asso	ciation Politica	al Action Committee							
Full Name of Individual (Last, First, Mio A. Kaur, Sorena, , Dr.,	ddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 4603 NE 75th St			10 18 2016						
City Seattle	State WA	Zip Code 98115-5206	Transaction ID : 40079189 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		25.00						
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]						
Full Name of Individual (Last, First, Mid B. Fogg, Trevor, K., Dr.,	ddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 25281 Carmel Knolls E	ır		10 / Y Y Y Y 2016						
City Carmel	State CA	Zip Code 93923-8834	Transaction ID : 40079324 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		250.00						
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]						
Full Name of Individual (Last, First, Mid C. Radow, Brett, K, Dr.,	ddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6621 Kanawha Ave S			10 / D D / Y Y Y Y 10 11 2016						
City Charleston	State WV	Zip Code 25304-2915	Transaction ID : 40080087 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		250.00						
Name of Employer (for Individual) Self Employed Receipt For:	Doc	upation (for Individual) tor of Optometry	Memo Item						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]						
SUBTOTAL of Receipts This Page (optic	nal)		525.00						
TOTAL This Period (last page this line n	umber only)								

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IT.			Use separate schedule(s)	(ch	eck only	/ or	ne)	L		-	
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b	11c	12	Г	17
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of	soliciting	g contri	ibutio	ons
$\overline{\ }$	NAME OF COMMITTEE (In Full)										
	American Optometric Associatio	n Politica	al Action Committee								
Α.	Full Name of Individual (Last, First, Middle Initi Hitchmoth, Dorothy, L, Dr.,	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address PO Box 302				M M / D D / Y Y Y Y 10 11 2016						
	City	State	Zip Code		Trans	acti	ion ID : 4	4008008	9		
	New London	NH	03257-0302		Amount	of	Each Re	eceipt th	is Peri	iod	
	FEC ID number of contributing federal political committee.	С							Ę	88.00)
	Name of Employer (for Individual)	Occu	pation (for Individual)		Me	emo	Item				
	Self Employed	Doct	tor of Optometry		_						
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		1018.00	11							
			1010.00								
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Creed, Robert, W, Dr.,						ceipt				
	Mailing Address 1205 Pacific Ter				10 / Y Y Y Y Y 2016						1
	City	State	Zip Code		Trans	acti	on ID : 4	4008011	2		
	Klamath Falls	OR	97601-1830		Amount	of	Each Re	eceipt th	is Peri	iod	
	FEC ID number of contributing federal political committee.	C			300.00)
	Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry		Me	emo	Item				
	Receipt For:	Aggregate Year-to-Date ▼									
	Primary General	Aggregate		11.							
	Other (specify) V		300.00	1							
c.	Full Name of Individual (Last, First, Middle Initi Robison, Ryan, Earl, Dr.,	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 718 E Desert Bloom Ct				10 ^M	/	D D 19	/ Y	y 2016		1
	City	State	Zip Code		Trans	act	ion ID :	4008398	1		
	Washington	UT	84780-2619		Amount	of	Each Re	eceipt th	is Peri	iod	_
	FEC ID number of contributing federal political committee.	С			Ľ.	_	, .		2	20.00)
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		M	emc	tem				
	Receipt For:	1	Year-to-Date ▼	_							
	Primary General	, iggi oguto		11.							
	Other (specify)	L	380.00								
s	UBTOTAL of Receipts This Page (optional)			•					4(08.00	
_				_							
Т	OTAL This Period (last page this line number o	nly)	••••••	•			-			-	

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	-	Use separate schedule(s)	(check only one)						
I LIVILLED RECEIPIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1						
			Person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) American Optometric As	sociation Politica	al Action Committee							
Full Name of Individual (Last, First, A. Yanak, Barbara, M, Dr.,	Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 2577 Burlington Tpk	e		M M / D D / Y Y Y Y 10 19 2016						
City Towanda	State PA	Zip Code 18848-8458	Transaction ID : 40083988 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		50.00						
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1						
Full Name of Individual (Last, First, B. Corbin-Simon, Ray, , Dr.,									
Mailing Address 20 Cope Ct			10 / Y Y Y Y 2016						
City Hillsborough	State NJ	Zip Code 08844-4392	Transaction ID : 40083989 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		250.00						
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]						
Full Name of Individual (Last, First, C. Brunnett, Susan, Mary, Dr.		rganization Name	Date of Receipt						
Mailing Address 9940 Ashleigh Way			M M / D D / Y Y Y Y 10 19 2016						
City Highlands Ranch	State CO	Zip Code 80126-4244	Transaction ID : 40083990 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		166.67						
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1666.70]						
SUBTOTAL of Receipts This Page (op	vtional)		466.67						
TOTAL This Period (last page this line	e number only)								

FOR LINE NUMBER:

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171			Use separate schedule(s)			(check only one)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a		11b	11c	12	47		
	y information copied from such Reports and Sta for commercial purposes, other than using the r											
	NAME OF COMMITTEE (In Full)											
\rangle	American Optometric Association	n Politica	I Action Committee									
Α.	Full Name of Individual (Last, First, Middle Initia Baron, Samuel, J, Dr.,	al) or Full Or	ganization Name		Date of	Re	ceipt					
	Mailing Address 2153 S Yank Way				10 19 2016							
	City	State CO	Zip Code		Trans	acti	ion ID :	4008399	1			
	Lakewood		CO 80228-4366				Each R	eceipt th	is Period			
	FEC ID number of contributing federal political committee.	С					-	-	83.3	33		
	Name of Employer (for Individual) Self Employed	Occu Doct		Me	emo	Item						
	Receipt For:	Aggregate `	Year-to-Date ▼									
	Primary General		249.99	11.								
	Other (specify)		243.33									
	Full Name of Individual (Last, First, Middle Initia Crandall, Melanie, A, Dr.,	al) or Full Or	ganization Name		Date of	Re	ceipt					
	Mailing Address 1012 N Ocean Blvd Apt 202				м м 10	1	D D D 19	/ Y	2016	Y		
_	City	State	Zip Code					4008399				
	Pompano Beach	FL	33062-4013		Amount	of	Each R	eceipt th	is Period			
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) Doctor of Optometry Aggregate Year-to-Date ▼			50.00							
	Name of Employer (for Individual) Self Employed				Me	emo	Item					
	Receipt For:											
	Primary General Other (specify) ▼		450.00]								
<u> </u>	Full Name of Individual (Last, First, Middle Initia Gray, Robert, F., Dr.,	al) or Full Or	ganization Name		Date of	Re	ceipt					
	Mailing Address 9623 W 8170 N				^M M	/	19	/ Y	2016	Y		
	City Lehi	State UT	Zip Code 84043-5045					4008399				
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period							
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		Me	emc	tem					
	Receipt For:	1	Year-to-Date ▼									
	Other (specify)		225.00]								
s	UBTOTAL of Receipts This Page (optional)			•			, .	9	178.3	33		
т	OTAL This Period (last page this line number or	nly)	••••••	→			-	-				

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 65 OF

	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
American Optometric Asso	ciation Politica	al Action Committee							
Full Name of Individual (Last, First, Mic Sandberg, Derri, J, Dr.,	,	rganization Name	Date of Receipt						
Mailing Address 901 NW Carlon Ave St	ə 2		10 19 / Y Y Y Y						
City Bend	State OR	Zip Code 97703-2636	Transaction ID : 40083997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]						
Full Name of Individual (Last, First, Mic B. Wineland, David, W, Dr.,									
Mailing Address 8400 Concord Rd			10 / Y Y Y Y 10 18 2016						
City	State OH	Zip Code	Transaction ID : 40084035						
Johnstown	ОП	43031-8154	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		127.25						
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		1272.50]						
Full Name of Individual (Last, First, Mic Peele, Rodney, , Mr,	Idle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1505 Prince Street Suite 30			10 / D D / Y Y Y Y 10 14 2016						
City Alexandria	State VA	Zip Code 22314-2852	Transaction ID : 40084041 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		40.00						
Name of Employer (for Individual) American Optometric Association	Occi Lobi	upation (for Individual) byist	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 820.00]						
SUBTOTAL of Receipts This Page (optio	nal)		217.25						
TOTAL This Period (last page this line n	umber only)								

FOR LINE NUMBER:

PAGE 66 OF

		(check only one)										
116			for each category of the Detailed Summary Page		1a 3		1b 4	11c		12 16	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the r			person for	the p	ourpo	se of	solicitin	g con	tributi	ons	
\setminus	NAME OF COMMITTEE (In Full)											
	American Optometric Association	n Politica	I Action Committee									
	Full Name of Individual (Last, First, Middle Initia Bower, Robert, Bruce, Dr.,	al) or Full Or	ganization Name	Da	Date of Receipt							
	Mailing Address 2906 116th St			M								
	City	State WI	Zip Code					400840			_	
-	Kenosha	VVI	53158-4601	Am	ount	of E	ach R	eceipt t	his Pe	eriod		
	FEC ID number of contributing federal political committee.	С			_	-9				500.0	0	
	Name of Employer (for Individual)	Occu		Me	mo I	tem						
	Self Employed Receipt For:		or of Optometry									
	Primary General	Aggregate	lear-to-Date ▼									
	Other (specify)		500.00									
	Full Name of Individual (Last, First, Middle Initia Hill, Ryan, C, Dr.,	al) or Full Or	ganization Name	Da	te of	Rece	eipt					
	Mailing Address 820 Hickory Woods Dr			M	10 / Y Y Y Y 10 14 2016							
	City	State	Zip Code	т	ransa	ctio	n ID :	400840	50			
	Union	MO	63084-2760	Am	ount	of E	ach R	eceipt t	his Pe	eriod		
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) Doctor of Optometry Aggregate Year-to-Date ▼ 500.00			500.00							
	Name of Employer (for Individual) Self Employed				Me	mo l	tem					
	Receipt For:											
	Primary General Other (specify)											
	Other (specify)											
	Full Name of Individual (Last, First, Middle Initia Estes, Michael, K, Dr.,	al) or Full Or	ganization Name	Da	te of	Rece	eipt					
	Mailing Address 278 NW Quarry Rd			M	10 ^M	/	D D 14		201	ү 16	Y	
	City	State	Zip Code	Т	ransa	ictio	n ID :	400840	51			
		OR	97321-1551	Am	ount	of E	ach R	eceipt t	his Pe	eriod		
	FEC ID number of contributing federal political committee.	С				y	_	9		500.0	0	
	Name of Employer (for Individual) Self Employed		pation (for Individual) or of Optometry		Me	mo l	tem					
	Receipt For:	Aggregate	/ear-to-Date ▼									
			500.00									
	Primary General Other (specify)											
			9° I I 49° I 48° I] 			_		1	500.0	0	

FOR LINE NUMBER:

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		Use separate schedule(s)			(check only one)						
			for each category of the Detailed Summary Page	×	11a	11		11c	12		
	copied from such Reports and S al purposes, other than using the						se of so				
	OMMITTEE (In Full) Optometric Association										
	Individual (Last, First, Middle Ini esley, E., Dr.,	itial) or Full Or	ganization Name		Date of	Recei	pt				
Mailing Addre	ss 14626 E Sharon Ln				M M / D D / Y Y Y Y 10 14 2016						
City Wichita		State KS	Zip Code 67230-7015				ID:40 ch Rec		2 s Period		
FEC ID numb federal politic	per of contributing al committee.	С						-	500.0	00	
Self Employe	bloyer (for Individual) d		Occupation (for Individual) Doctor of Optometry				əm				
Receipt For: Primary Other (s	General specify) ▼	Aggregate	Year-to-Date ▼ 500.00	1							
B. Fitzgerald	Individual (Last, First, Middle Ini , DeAnn, , Dr.,	itial) or Full Or		Date of	Recei	pt					
	ss 4001 Crest View Rd NE	State Zip Code			м м 10	/	D D D 14	/ Y	y y 2016	Y	
City Solon		State IA				ID:40 ch Rec		s Period			
FEC ID numb federal politic	per of contributing al committee.	C			500.00						
Name of Em Self Employed	oloyer (for Individual) d	Occupation (for Individual) Doctor of Optometry			Me	emo Ite	əm				
Receipt For: Primary Other (General specify) ▼	Aggregate Year-to-Date ▼ 500.00									
	Individual (Last, First, Middle Ini Andrea Lynne, , Dr.,	itial) or Full Or	ganization Name		Date of	Recei	pt				
	ss 395 Engelwood Ct	State	Zin Code		10 T	L	14		2016	Y	
City Powell		OH	Zip Code 43065-7927				ID:40 ch Rec		4 s Period		
FEC ID numb federal politic	per of contributing al committee.	С				. y		y	300.0	00	
Self Employe	bloyer (for Individual) d	Doct	pation (for Individual) or of Optometry		Me	emo Ite	em				
Receipt For: Primary Other (Aggregate	Year-to-Date ▼ 300.00]							
SUBTOTAL of	Receipts This Page (optional)							<u> </u>	1300.0	00	
TOTAL This Pe	eriod (last page this line number	only)						-112			

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
II EIVIIZED KEGEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
American Optometric Associ	ation Politica	al Action Committee							
Full Name of Individual (Last, First, Middle A. Hall, John, E, Dr.,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 419 N Wisconsin St			10 14 2016						
City	State	Zip Code	Transaction ID : 40084055						
Elkhorn	WI	53121-1317	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		300.00						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Self Employed	Doc	tor of Optometry							
Receipt For:	Aggregate	Year-to-Date 🔻							
Primary General		300.00	1						
Other (specify) v		300.00	1						
Full Name of Individual (Last, First, Middle B. Reckell, Susan, Leach, Dr.,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address PO Box 17714			10 14 2016						
City	State	Zip Code	Transaction ID : 40084056						
Fountain HIs	AZ	85269-7714	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		300.00						
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General			1						
Other (specify) v		300.00	1						
Full Name of Individual (Last, First, Middle C. Turpin, Fred, Singer, Dr.,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 2106 Cameron Dr			10 14 2016						
City	State	Zip Code	Transaction ID : 40084057						
Albany	GA	31721-2084	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		300.00						
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
Self Employed	Doc	tor of Optometry							
Receipt For:	Aggregate	Year-to-Date V							
Other (specify)		300.00]						
SUBTOTAL of Receipts This Page (optiona	l)		900.00						
TOTAL This Period (last page this line num	ber only)								

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PAGE 69 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
I LIVILLU REVEILIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 □							
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)		_								
American Optometric Associ	ation Politica	al Action Committee								
Full Name of Individual (Last, First, Middle A. Harper, Robert, A, Dr.,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 7462 W Karen Lee Ln			10 14 2016							
City Peoria	State AZ	Zip Code 85382-4828	Transaction ID : 40084058 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		300.00							
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]							
Full Name of Individual (Last, First, Middle B. Olmstead, Allen, Dennis, Dr.,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 6499 Thorngate Rd			10 / D D / Y Y Y Y 10 14 2016							
City East Lansing	State MI	Zip Code 48823-9756	Transaction ID : 40084059 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		300.00							
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]							
Full Name of Individual (Last, First, Middle C. Myers, Troy, Dean, Dr.,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 8 Road 261			10 14 2016							
City Glendive	State MT	Zip Code 59330-9528	Transaction ID : 40084060 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		300.00							
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]							
SUBTOTAL of Receipts This Page (optiona			▶ 900.00							
TOTAL This Period (last page this line num	ber only)									

FOR LINE NUMBER:

PAGE 70 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
II EIWILED RECEIFIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1						
			person for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
American Optometric Assoc	ciation Politica	al Action Committee							
Full Name of Individual (Last, First, Mido A. Fujisaki, James, C, Dr.,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 99-011 Kealakaha Dr			M M / D D / Y Y Y Y 10 14 2016						
City	State	Zip Code	Transaction ID : 40084061						
Aiea	HI	96701-3544	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		300.00						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Self Employed	Doc	tor of Optometry							
Receipt For:	Aggregate	Year-to-Date 🔻							
Primary General		200.00							
Other (specify) ▼		300.00							
Full Name of Individual (Last, First, Mido	lle Initial) or Full O	rganization Name							
B. Hanson, Mark, Robert, Dr.,			Date of Receipt						
Mailing Address 2351 W Lamar Blvd			10 / D D / Y Y Y Y 10 14 2016						
City	State TX	Zip Code	Transaction ID : 40084062						
Arlington	1	76012-5669	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General									
Other (specify) v		250.00							
Full Name of Individual (Last, First, Midd C. Bass, Jennifer, R, Dr.,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 2804 Jamison Blvd			10 / Y Y Y Y 10 14 2016						
City	State	Zip Code	Transaction ID : 40084063						
Mount Vernon		62864-2546	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
Self Employed	Doc	or of Optometry							
Receipt For:	Aggregate	Year-to-Date 🔻							
Primary General		250.00	1						
Other (specify)		7	1						
SUBTOTAL of Receipts This Page (option	,		800.00						
TOTAL This Period (last page this line nu	mber only)		•						

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)		_								
American Optometric Associa	tion Politica	al Action Committee								
Full Name of Individual (Last, First, Middle A. Lott, Megan, Sumrall, Dr.,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 3 Ashton Gardens Dr			10 14 2016							
City	State	Zip Code	Transaction ID : 40084064							
Jackson	MS	39211-4275	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item							
Receipt For:	1	Year-to-Date ▼								
Primary General		250.00	1							
Other (specify) ▼										
Full Name of Individual (Last, First, Middle B. Greenstein, Jay, Scott, Dr.,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 720 S Alcott St			10 14 2016							
City	State	Zip Code	Transaction ID : 40084065							
Denver	CO	80219-3541	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer (for Individual) Self Employed		upation (for Individual) tor of Optometry	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		250.00	1							
Other (specify) V		, 230.00								
Full Name of Individual (Last, First, Middle C. Myers, Joseph, Winfred, Dr.,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 801 Wheeling Ave			10 / Y Y Y Y 10 17 2016							
City	State	Zip Code	Transaction ID : 40089050							
Glen Dale	WV	26038-1644	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		500.00							
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item							
Self Employed	Doc	tor of Optometry								
Receipt For:	Aggregate	Year-to-Date ▼	_							
Other (specify)		500.00]							
SUBTOTAL of Receipts This Page (optional).			1000.00							
TOTAL This Period (last page this line numb										

FOR LINE NUMBER:

PAGE 72 OF

ITEMIZED RECEIPTS		Use separate schedule(s)			(check only one)						
	JEIF I 3		for each category of the Detailed Summary Page	X 11:		11b 14	11c	12	17		
			y not be sold or used by any p ddress of any political committe	erson for t	he pu	irpose of	f soliciting	g contribut	ions		
NAME OF COMM		ion Politica	al Action Committee								
Full Name of Indiv A. Serych, Robert,	idual (Last, First, Middle Iı , V, Dr., Jr.	nitial) or Full O	rganization Name	Date	of P	leceipt					
Mailing Address 1	41 Cedar Ridge Dr				10 17 2016						
City Monaca		State PA				: 4008905 Receipt th	i 1 his Period				
FEC ID number of federal political co	0	С						500.0	0		
Name of Employed	r (for Individual)		Occupation (for Individual) Doctor of Optometry								
Receipt For: Primary Other (speci	General fy) ▼	Aggregate	Year-to-Date ▼ 500.00]							
Full Name of Indiv B. Evans, Jason,	ridual (Last, First, Middle Iı , M, Dr.,	nitial) or Full O	rganization Name	Date	e of P	leceipt					
Mailing Address P	O Box 1301	State Zip Code			10 / Y Y Y Y 10 17 2016						
City Inez		State KY				4008905 Receipt th	2 his Period				
FEC ID number of federal political co	0	С	300.00								
Name of Employe Self Employed	r (for Individual)	Occu Doc		Mem	no Item						
Receipt For: Primary Other (speci	General fy) ▼	Aggregate	Year-to-Date ▼ 300.00								
Full Name of Indiv C. Warner, Jona	idual (Last, First, Middle II athan, L, Dr.,	nitial) or Full O	rganization Name	Date	of P	leceipt					
Mailing Address 1	6362 County Road 144				0	/ D 17		2016	Y		
City Kenton		State OH	Zip Code 43326-9546				: 4008905 Receipt th	53 his Period			
FEC ID number of federal political co	0	C				y	5	250.0	0		
Name of Employed	r (for Individual)		pation (for Individual) or of Optometry		Mem	no Item					
Receipt For: Primary Other (speci	General fy)	Aggregate	Year-to-Date ▼ 250.00]							
SUBTOTAL of Rece	ipts This Page (optional)				Ξ	,	,	1050.0	0		
TOTAL This Period	(last page this line numbe	r only)						33388.1	4		

	SCHEDULE B (FEC Form 3X)		Use separate schedule(s)										F 81	
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page			hec	_ `	ly one) 22 23 26 27							
		Detailed	Cummary 1°aye			28a	28b		28c		29		30b	
	y information copied from such Reports and State for commercial purposes, other than using the na													
$\left \right\rangle$	NAME OF COMMITTEE (In Full)													
	American Optometric Association	Political	Action Com	nitte	e									
Α.	Full Name (Last, First, Middle Initial) WellsFargo						Date o							
	Mailing Address 1650 Tyson Blvd.						10 / D D / Y Y Y Y 10 11 2016							
	City McLean	State VA	Zip Code 22102				FEC ld	lenti	ficatio	n Nur	nber			
	McLean Purpose of Disbursement	VA	22102	_	_		С				1			
	Bank Fees			C	001		Transaction ID : 40080111							
	Candidate Name			Cat T	egoi ype	ry/	Amoun							eriod
		ement For:							,		-		685.36	3
	Senate President	Primary Other (spe	General cify) ▼				Me	amo	Item	Bank	Fees	5		
	State: District:	-						0						
B.	Full Name (Last, First, Middle Initial) Bank of America						Date o	_				V		
	Mailing Address PO Box 790251								10 05 2016					
	City St. Louis	State MO	Zip Code 63179				FEC Identification Number							
	Purpose of Disbursement American Express Fees		001		С									
	Candidate Name			Category/ Type			Transaction ID : 40091476 Amount of Each Disbursement this Period			eriod				
		ement For:							, .		-		222.52	a la calendaria de la cale
	President	Primary Other (spec	Cify) General							Amer	ican	Exp	ress Fe	es
	State: District:						IVIE	51110	Item					
C.	Full Name (Last, First, Middle Initial) Bank of America						Date o	_	sburse	ement				
	Mailing Address PO Box 790251				10 03 / Y Y Y Y 2016				Y					
	City St. Louis	State MO	Zip Code 63179				FEC Identification Number							
	Purpose of Disbursement Visa/Master Card Fees													
	Candidate Name	Cat	-		Transaction ID : 40091477 Amount of Each Disbursement this Period									
	Office Sought: House Disburse	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							-	1	1054.04	1		
	Senate Primary General President Other (specify) ▼						Visa/Master Card Fees				es			
	State: District:						Me	emo	Item					
s	UBTOTAL of Disbursements This Page (optional)					• •					-y		1961.9	2
т	OTAL This Period (last page this line number only	y)				•			,		,			

	HEDULE B (FEC Form 3X)		arate schedule(s)			INE NUMBER: PAGE 74 OF 81
ITEMIZED DISBURSEMENTS		for each Detailed	(cł	X 2		
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	y information copied from such Reports and State for commercial purposes, other than using the na					
\setminus	NAME OF COMMITTEE (In Full)					
	American Optometric Association	Political	Action Comm	nitte	e	
	Full Name (Last, First, Middle Initial) Bank of America					Date of Disbursement
	Mailing Address PO Box 790251		1			10 17 2016
	City St. Louis	State MO	Zip Code 63179			FEC Identification Number
	Purpose of Disbursement Bank Fees			0	001	C
	Candidate Name		I	_	egory	Transaction ID : 40091478 Amount of Each Disbursement this Period
	Office Sought: House Disburse	ment For:			ype	171.86
	Senate President	Primary Other (spec	General			Bank Fees
	State: District:		5iiy) ▼			Memo Item
В.	Full Name (Last, First, Middle Initial)					Date of Disbursement
<u> </u>						
	Mailing Address					
	City	State	Zip Code			FEC Identification Number
	Purpose of Disbursement					C
	Candidate Name				egory. ype	/ Amount of Each Disbursement this Period
	Office Sought: House Disburse	ment For:			, 20	
	Senate President	Primary Other (spec	General			
	State: District:		jury)			Memo Item
C.	Full Name (Last, First, Middle Initial)					Date of Disbursement
	Mailing Address					M M / D D / Y Y Y Y
	City	State	Zip Code			
		Jiale				FEC Identification Number
	Purpose of Disbursement					C
	Candidate Name				egory. ype	Amount of Each Disbursement this Period
		ment For:				
	Senate President	Primary Other (spec	General cify) ▼			Memo Item
	State: District:	-				
s	JBTOTAL of Disbursements This Page (optional).					171.86
Т	OTAL This Period (last page this line number only	/)				2133.78
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SC	CHEDULE B (FEC Form 3X)		Use separate schedule(s)				NUMBER: PAGE 75 OF 81		
ITEMIZED DISBURSEMENTS		for each	(C		-				
			Detailed Summary Page			21b 28a	22 ★ 23 26 27 28b 28c 29 30b		
Any or f	r information copied from such Reports and State or commercial purposes, other than using the na	ements may ime and add	not be sold or us dress of any politic	ed by	any	pers	son for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)								
\checkmark	American Optometric Association	Political	Action Com	mitte	e				
	Full Name (Last, First, Middle Initial) King For Congress						Date of Disbursement		
I	Mailing Address PO Box 398 202 W 2nd St								
	City	State	Zip Code				FEC Identification Number		
	Nall Lake Purpose of Disbursement	IA	51466						
I	Candidate Contribution			C	011		C C00373563		
ī	Candidate Name				egory		Transaction ID : 40019001 Amount of Each Disbursement this Period		
l	King, Steve, A., Rep.,				iype	"			
		ement For:	2016				1000.00		
	Senate	Primary	X General				Candidate Contribution		
	State: IA District: 04	Other (spe	ecify) 🔻				Memo Item		
	•								
	Full Name (Last, First, Middle Initial) Russ For Wisconsin						Date of Disbursement		
υ.	RUSS FOI WISCONSIN								
Ī	Mailing Address PO Box 620061		10 05 2016						
	City	State	Zip Code				FEC Identification Number		
	Middleton Purpose of Disbursement	WI	53562						
I	Candidate Contribution						C C00578013		
(Candidate Name				011 egory		Transaction ID : 40019250 Amount of Each Disbursement this Period		
	Feingold, Russell, , ,					//			
					ype		5000.00		
	× Senate	Primary	X General				Candidate Contribution		
ę	President State: WI District:	Other (spe	ecify)				Memo Item		
	Full Name (Last, First, Middle Initial)								
C.	Comer For Congress						Date of Disbursement		
-	Appling Address DO Day 200	10 05 2016							
I	Mailing Address PO Box 338		10 05 2016						
(City	State	Zip Code				FEC Identification Number		
	Fompkinsville	KY	42167						
I	Purpose of Disbursement Candidate Contribution						C C00588764		
ī	Candidate Name)11	_	Transaction ID : 40019577					
	Comer, James, , ,	egory vpe	//	Amount of Each Disbursement this Period					
ī	Diffice Sought: 🖌 House Disburse		300		5000.00				
	Senate	Primary				Candidate Contribution			
	President	Other (spe	ecify) ▼				Memo Item		
	State: KY District: 01								
							11000 00		
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SCHEDU	ILE B (FEC Form 3X)	11		FC	R LINE	NUMBER: PAGE 76 OF 81		
ITEMIZE	D DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(ch	eck only 21b 28a	/ one) 22 ★ 23 26 27 28b 28c 29 30b		
or for comm	ercial purposes, other than using the na					on for the purpose of soliciting contributions o solicit contributions from such committee.		
	F COMMITTEE (In Full) can Optometric Association	Political	Action Com	mitte	е			
-	e (Last, First, Middle Initial) Is Of Rosa Delauro					Date of Disbursement		
Mailing A	ddress 129 Church St, Ste 818					10 / D D / Y Y Y Y 2016		
City New Have	en of Disbursement	State CT	Zip Code 06510			FEC Identification Number		
	te Contribution			0°	11 gory/	C C00238865 Transaction ID : 40023821 Amount of Each Disbursement this Period		
DeLau Office So	ught: x House Disburs Senate	ement For:	2016 X General		pe	1000.00		
	CT District: 03	Other (spe				Candidate Contribution Memo Item		
B. Courtr	e (Last, First, Middle Initial) ney For Congress ddress PO Box 1372					Date of Disbursement		
	se of Disbursement					FEC Identification Number		
Candidate	ney, Joseph, D., Rep., ught: 🖌 House Disburs	_	2016	0 Cate Ty		Transaction ID : 40023822 Amount of Each Disbursement this Period 1000.00		
State:	CT District: 02	Primary Other (spe	∠x General cify)			Candidate Contribution Memo Item		
-	e (Last, First, Middle Initial) nal Republican Senatorial C	ommittee)			Date of Disbursement		
Mailing A	ddress 425 2nd Street, NE					10 / D D / Y Y Y Y 10 06 2016		
	on of Disbursement ee Contribution	0,	11	FEC Identification Number				
Candidate			gory/ pe	Amount of Each Disbursement this Period				
Office So State:	ught: House Disburs Senate President District:	ement For: Primary Other (spe	General ccify) ▼			Committee Contribution Memo Item		
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SCHEDULE B (FEC Form 3X)			FOR LINI	E NUMBER: PAGE 77 OF 81			
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check or 21t 28a	nly one) 22 X 23 26 27			
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full) American Optometric Association	Political	Action Com	mittee				
Full Name (Last, First, Middle Initial) A. Friends Of Cheri Bustos				Date of Disbursement			
Mailing Address 1050 17th St Nw Ste 590				10 / D D / Y Y Y Y 10 12 2016			
City Washington	State DC	Zip Code 20036		FEC Identification Number			
Purpose of Disbursement Candidate Contribution Candidate Name			011	C C00498568 Transaction ID : 40066609 Amount of Each Disbursement this Period			
Bustos, Cheri, , Rep., Office Sought:	ement For:		Category/ Type	2500.00			
State: IL District: 17	Primary Other (spe	General x General cify) ▼		Candidate Contribution Memo Item			
Full Name (Last, First, Middle Initial) B. Mulvaney For Congress Mailing Address P.O. Box 1975		Date of Disbursement					
City Lancaster Purpose of Disbursement	State SC	Zip Code 29721	FEC Identification Number				
Candidate Contribution Candidate Name Mulvaney, Mick, , Rep., Office Sought: X House Disburse Senate President State: SC District: 05	ement For: Primary Other (spe	x General	011 Category/ Type	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				Date of Disbursement			
Mailing Address PO Box 744	-			10 12 2016			
City Mineola Purpose of Disbursement Candidate Contribution Candidate Name	State NY	Zip Code 11501	011 Category/	FEC Identification Number C C00555813 Transaction ID : 40066634 Amount of Each Disbursement this Period			
Rice, Kathleen, , , Office Sought: X House Disburse Senate President Image: Compared by the senate Image: Compared by the senate State: NY District: 04	ement For: Primary Other (spe	x General	Туре	Candidate Contribution Memo Item			
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number onl				4500.00			

SCHEDULE B (FEC Form 3X)			FO	RLIN	NE NUMBER: PAGE 78 OF 81			
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			only one)			
		Summary Page			1b 22 \mathbf{X} 23 26 27 3a $28b$ $28c$ 29 $30b$			
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Any information copied from such Reports and Stat or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
American Optometric Association	Political	Action Comr	mitte	е				
Full Name (Last, First, Middle Initial)					Date of Disbursement			
A. Olson For Congress Committee								
Mailing Address PO Box 16381					10 17 2016			
City	State	Zip Code			FEC Identification Number			
Sugar Land	TX	77496						
Purpose of Disbursement Candidate Contribution			01	11	C C00437913			
Candidate Name					Transaction ID : 40075924			
Olson, Pete, , Rep.,			Cate Ty		Amount of Each Disbursement this Period			
	ement For:	2016	. y	20	5000.00			
Senate	Primary	x General			Candidate Contribution			
President	Other (spe	ecify) 🔻			Memo Item			
State: TX District: 22								
Full Name (Last, First, Middle Initial)					Date of Disbursement			
B. Anthony Brown For Congress					10 / 17 / 2016			
Mailing Address 12138 Central Ave #671								
City	State	Zip Code			FEC Identification Number			
Bowie								
Purpose of Disbursement Candidate Contribution			01		C C00574640			
Candidate Name				1	Transaction ID : 40075925			
Brown, Anthony, , ,			Cate Ty		Amount of Each Disbursement this Period			
	ement For:	2016	,		5000.00			
Senate	Primary				Candidate Contribution			
President	Other (spe	ecify)			Memo Item			
State: MD District: 04								
Full Name (Last, First, Middle Initial)					Date of Disbursement			
C. Lisa Blunt Rochester For Congres	SS							
Mailing Address PO Box 9767		10 17 Y Y Y Y 2016						
City	State	Zip Code			FEC Identification Number			
Wilmington	DE	19809			C C00590778			
Purpose of Disbursement Candidate Contribution	Purpose of Disbursement							
Candidate Name	Candidate Name							
Rochester, Lisa, , ,			Cate Ty		Amount of Each Disbursement this Period			
	ement For:	2016	·y	r -	5000.00			
Senate	Primary	🗶 General			Candidate Contribution			
President	Other (spe	ecify) 🔻			Memo Item			
State: DE District: 00								
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S	CHEDULE B (FEC Form 3X)			F	OR I		NUMBER: PAGE 79 OF 81				
ITEMIZED DISBURSEMENTS		Use sepa for each			c only						
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$ \rangle$	NAME OF COMMITTEE (In Full)										
	American Optometric Association	Political			ee						
Δ	Full Name (Last, First, Middle Initial)						Date of Disbursement				
А.	Santarsiero For Congress										
	Mailing Address PO Box 249						10 17 2016				
	City	State PA	Zip Code				FEC Identification Number				
	Newtown Purpose of Disbursement	ГА	18940				C 000571455				
	Candidate Contribution			C	011		C C00571455				
	Candidate Name			Cat	egor	v/	Transaction ID: 40076063 Amount of Each Disbursement this Period				
	Santarsiero, Steven, , ,			T	ype	,.					
	Office Sought: x House Disburse	ement For: 2					5000.00				
	President	Primary Other (spe	x General (ifv) x				Candidate Contribution				
	State: PA District: 08		- 3/ 4				Memo Item				
	Full Name (Last, First, Middle Initial)										
В.	Friends Of Elizabeth Esty						Date of Disbursement				
	Mailing Address PO Box 61	Vailing Address PO Box 61									
	City	State CT	Zip Code 06410				FEC Identification Number				
	Cheshire Purpose of Disbursement		С соо494203								
	Candidate Contribution			011 Category/ Type		011	C C00494203 Transaction ID : 40076490				
	Candidate Name					y/	Amount of Each Disbursement this Period				
	Esty, Elizabeth, , ,										
	Office Sought: K House Disburse	ement For:					2000.00				
	President	Other (spe	••				Candidate Contribution				
	State: CT District: 05	<u></u>					Memo Item				
~	Full Name (Last, First, Middle Initial)										
C.	Pingree For Congress						Date of Disbursement				
	Mailing Address PO Box 17613						10 / Y Y Y Y 10 17 2016				
	City	State	Zip Code								
	Portland	ME	04112				FEC Identification Number				
	Purpose of Disbursement Candidate Contribution						C C00433391				
	Candidate Name						Transaction ID : 40076495				
	Pingree, Chellie, M., Rep.,					y/	Amount of Each Disbursement this Period				
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	Senate	Primary	X General				Candidate Contribution				
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	State: ME District: 01										
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S	CHEDULE B (FEC Form 3X)			F	OR LIN	E NUMBER: PAGE 80 OF 81				
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page			nly one) p 22 X 23 26 27				
	y information copied from such Reports and State for commercial purposes, other than using the na									
	NAME OF COMMITTEE (In Full) American Optometric Association	Political	Action Com	mitte	e					
Α.	Full Name (Last, First, Middle Initial) Bill Foster For Congress					Date of Disbursement				
	Mailing Address P.O. Box 9104					10 18 2016				
	City Aurora	State IL	Zip Code 60598			FEC Identification Number				
	Purpose of Disbursement Candidate Contribution			O)11	C C00435099 Transaction ID : 40079515				
	Candidate Name Foster, Bill, , Rep., PhD				egory/ ype	Amount of Each Disbursement this Period				
	Office Sought: X House Disburse Senate President Image: State: IL	Primary Other (spe	x General			Candidate Contribution Memo Item				
B.	Full Name (Last, First, Middle Initial) Susan Davis For Congress Mailing Address PO Box 84049					Date of Disbursement				
	City San Diego Purpose of Disbursement Candidate Contribution	State Zip Code CA 92138				FEC Identification Number				
	Candidate Name Davis, Susan, A., Rep., Office Sought: K House Disburse Senate President State: CA District: 53	ement For: Primary Other (spe	2016 X General cify)		egory/ ype	Transaction ID : 40079516 Amount of Each Disbursement this Period 2500.00 Candidate Contribution Memo Item				
c.	Full Name (Last, First, Middle Initial) Delbene For Congress					Date of Disbursement				
	Mailing Address PO Box 487					10 18 2016				
	City Bothell Purpose of Disbursement Candidate Contribution	State WA	Zip Code 98041	0)11	FEC Identification Number				
	Candidate Name DelBene, Suzan, , Rep., Office Sought: House Disbursement For: 2016				egory/ ype	Transaction ID : 40079517 Amount of Each Disbursement this Period 5000.00				
	Office Sought: House Disburse Senate President State: WA District: 01	Primary Other (spe	x General			Candidate Contribution Memo Item				
s	UBTOTAL of Disbursements This Page (optional).				····· ►	8500.00				
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 81 OF 81		
ITEMIZED DISBURSEMENTS	for each	parate schedule(s) n category of the I Summary Page	(check only 21b 28a			
Any information copied from such Reports and S or for commercial purposes, other than using the			ed by any perso	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) American Optometric Associati	on Political	Action Com	mittee			
Full Name (Last, First, Middle Initial) A. Terri Sewell For Congress Mailing Address P.O. Box 1964	Date of Disbursement					
City Birmingham	State AL	Zip Code 35201		FEC Identification Number		
Purpose of Disbursement Candidate Contribution Candidate Name			011	C C00458976 Transaction ID : 40079518		
Sewell, Terri, A., Rep., Office Sought:	oursement For:	X General	Category/ Type	Amount of Each Disbursement this Period 2500.00 Candidate Contribution		
State: AL District: 07 Full Name (Last, First, Middle Initial)	Other (sp	ecify) ▼		Memo Item		
B. Citizens For Boyle Mailing Address 499 S. Capitol St. Sw Suite 422			Date of Disbursement			
City Washington Purpose of Disbursement Candidate Contribution	State DC	Zip Code 20003	011	FEC Identification Number C C00543363		
Candidate Name Boyle, Brendan, F, Rep., Office Sought:	Dursement For: Primary Other (spe	x General	Category/ Type	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				Date of Disbursement		
Mailing Address 320 First St., SE	State	Zip Code				
Washington Purpose of Disbursement Committee Contribution Candidate Name	DC	011 Category/ Type FEC Identification Number C Transaction ID : 40084008 Amount of Each Disbursement this Per				
Office Sought: House Dist Senate President State: District:	e Sought: House Disbursement For: Senate President Other (specify) ▼					
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