PAGE 1 / 26

Image# 201602099008450807

FEC FORM 3X

REPORT OF RECEIPTS **AND DISBURSEMENTS**

TOTAL DA	or Other Than An Al	ithorized Committee	Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, typ over the lines.	e 12FE4M5
American Optometric A	ssociation Political	Action Committee	
ADDRESS (number and street)	1505 Prince Street		
ADDRESS (number and street)	Suite 300		
Check if different than previously	Alexandria		VA 22314
reported. (ACC)			
2. FEC IDENTIFICATION NU	MBER ▼ C	CITY A	STATE ▲ ZIP CODE ▲
C C00024968	3.	IS THIS REPORT X NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:	ar 20 (M3) May 20	(Non-Election Year Only)
April 15	Aŗ	pr 20 (M4) Jul 20	
Quarterly Report (Q1	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
July 15 Quarterly Report (Q2	PRE-Election Report for the:	Convention (12C)	Special (12S)
October 15 Quarterly Report (Q3	3)		
January 31 Year-End Report (YE	Elec	tion on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		tion on	in the State of
5. Covering Period 01	/ DDD / Y Y Y 100		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined this	Report and to the best	of my knowledge and belief in	t is true, correct and complete.
Type or Print Name of Treasurer	Fred Dubrick O.D.		
Signature of Treasurer Fred L	Oubrick O.D.	[Electronically Filed]	Date 02 / 09 / 2016
NOTE: Submission of false, errone	ous, or incomplete informat	ion may subject the person sig	ning this Report to the penalties of 2 U.S.C. §437g.
Office Use			FEC FORM 3X Rev. 12/2004
l I Only I	1	ı l	1 1

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Optometric Association Political Action Committee 2016 01 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 474007.69 January 1, 2016 (b) Cash on Hand at 474007.69 Beginning of Reporting Period..... 53055.90 53055.90 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 527063.59 527063.59 6(a) and 6(c) for Column B)..... 10012.76 10012.76 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 517050.83 517050.83 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on

×

Schedule C and/or Schedule D)

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

For further information contact:

0.00

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From: 01	01 2016 To	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	27021.66	27021.66
(i) iterrized (use scriedule A)		
(ii) Unitemized	26010.51	26010.51
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	53032.17	53032.17
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines		0.00
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	53032.17	53032.17
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	
B. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
6. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	23.73	23.73
3. Transfers from Non-Federal and Levin Funds	7	7
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Tatal Transfers (add 40(a) as 1.40(b))	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ■	53055.90	53055
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	53055.90	53055.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. (Operating Expenditures: a) Allocated Federal/Non-Federal	Total Tillo I Ollow	Calcinda Teal-to-Date
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(i) I ederal Offale		
	(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
,	Expenditures	2012.76	2012.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2012.76	2012.76
1	ransfers to Affiliated/Other Party	2012.10	2012.10
	Committees	0.00	0.00
F	Contributions to Federal Candidates/Committees and Other Political Committees	8000.00	8000.00
	ndependent Expenditures	4	
(use Schedule E)	0.00	0.00
(Coordinated Party Expenditures 2 U.S.C. §441a(d)) use Schedule F)	200	
(use Schedule F)	0.00	0.00
	oan Repayments Made	0.00	0.00
_	Coan repayments Made	7 7	5.00
L	oans Made	0.00	0.00
	Refunds of Contributions To: a) Individuals/Persons Other		
'	Than Political Committees	0.00	0.00
,	I.) Bulliant But Occupillar	0.00	0.00
`.	b) Political Party Committees c) Other Political Committees	0.00	0.00
((such as PACs)	0.00	0.00
		, , , , , , , , , , , , , , , , , , , ,	
(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
. (Other Disbursements	0.00	0.00
	Strict Dissurscritches	7	3 3
F	Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	7 7 7	7
`	With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
-	otal Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10012.76	10012.76
-	, 27, 20, 21, 20(d), 23 and 50(c))	10012.70	10012.76
٦	otal Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
f	rom Line 31)	10012.76	10012.76

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	53032.17	53032.17
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53032.17	53032.17
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2012.76	2012.76
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	2012.76	2012.76

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

| FOR LINE NO (check only of the International Internat

	FOR LINE NUMBER:				PAGE	6	OF	26
(che	ck only	or	ne)					
X	11a		11b		11c	12	!	
	13		14		15	16	;	17

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

/	der i emical / telleri e errimmae	
Full Name (Last, First, Middle Initial) A. Dr. Paul C Ajamian		Date of Receipt
Mailing Address 245 Shadowbrook Dr		01 01 2016
City Roswell	State Zip Code GA 30075-4600	Transaction ID : 38927859
	3A 30073-4000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Dr. Jeffrey K Smith		Date of Receipt
Mailing Address 145 Unity Ln		01 05 2016
City	State Zip Code	Transaction ID: 38929218
Crossett	AR 71635-9175	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	225.00
Name of Employer	Occupation	
Self Employed	Doctor of Optometry	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial) C. Dr. Matthew E Jones		Date of Receipt
Mailing Address 1017 Broadmoor St		01 05 2016
City	State Zip Code	Transaction ID: 38929222
Blytheville	AR 72315-1217	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	
Self Employed	Doctor of Optometry	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional).	•	840.00
TOTAL This Period (last page this line numb	er only)	

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

FOR LINE NUMBER:				PAGE		7	OF	26	
(check only one)									
	11a		11b		11c		12	2	
	13		14		15		16	6	17

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Associati	on Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Angelique M Sawyer		Date of Receipt
Mailing Address 47B Poliquin Dr		01 05 / Y Y Y Y Y Y
City Conway	State Zip Code NH 03818-5802	Transaction ID : 38929223 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Cary Joseph Vincent Mailing Address 384 Aspen Ln		Date of Receipt
<u> </u>	State 7in Code	01 04 2016
City Covington	State Zip Code LA 70433-5736	Transaction ID : 38930377 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Bonnie Marie Gauer		Data of Passint
Mailing Address 1802 Flournoy Valley Rd		Date of Receipt 01 05 2016
City Roseburg	State Zip Code OR 97471-9792	Transaction ID : 38934199 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer	Occupation	
Self Employed Receipt For:	Doctor of Optometry	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional)	>	3000.00
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:					PAGE	8	OF	26	
(check only one)									
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		13		14		15	16	;	17

Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full)	, in the same of	
American Optometric Association	n Political Action Committee	
Full Name (Last, First, Middle Initial) A. Ms Renee Brauns		Date of Receipt
Mailing Address 12792 Bennington Common La	ne	01 06 2016
City	State Zip Code	Transaction ID : 38937280
Saint Louis	MO 63146-2562	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
American Optometric Association	Associate Executive Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Fred H Dubick		Date of Receipt
Mailing Address 12044 Hoffman St Ph 5		01 06 2016
City	State Zip Code	Transaction ID: 38937288
Studio City	CA 91604-4758	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer	Occupation	
Self Employed	Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial)		Date of Parairi
DR Jill N Kunzman Mailing Address 800 E Maple Dr		Date of Receipt
City	State 7in Code	01 06 2016
City Hartley	State Zip Code IA 51346-1502	Transaction ID : 38938280 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	
Self Employed	Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)		2900.00
TOTAL This Period (last page this line number o	<u>^</u>	

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

_	OR LINE NUMBER:			PAGE	9	OF	26	
(che	ck only	or	ne)					
X	11a		11b		11c	12		
	13		14		15	16	;	17

Any information copied from such Reports or for commercial purposes, other than using	and Statements may not be sold or used by any per- ng the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Assoc	ciation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Cherry B Cockrell Mailing Address 6111 W Canterbury St		Date of Receipt
		01 07 2016
City	State Zip Code OK 74074-1038	Transaction ID: 38939249
Stillwater FEC ID number of contributing federal political committee.	C 74074-1038	Amount of Each Receipt this Period 2000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. David A Cockrell Mailing Address (AMA W Cookerburn St.)		Date of Receipt
Mailing Address 6111 W Canterbury St		01 07 2016
City	State Zip Code	Transaction ID: 38939250
Stillwater	OK 74074-1038	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	2000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. Stanley Woo	·	Date of Receipt
Mailing Address 5190 Via Carretas		01 08 2016
City Yorba Linda	State Zip Code CA 92886-4554	Transaction ID : 38943879 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Self Employed	Doctor of Optometry,MBA	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	4250.00
	<u> </u>	
TOTAL This Period (last page this line null	mber only)	

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

26

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Jill Geering Matheson Date of Receipt Mailing Address 1603 Beach Dr 08 2016 City Zip Code State Transaction ID: 38943884 Douglas ΑK 99824-5200 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Theron C Smith III Date of Receipt Mailing Address 244 Sheffield Rd 01 06 2016 City State Zip Code Transaction ID: 38944119 SC Greer 29651-1027 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Rosalind O Smith Date of Receipt Mailing Address PO Box 823 01 06 2016 City Zip Code State Transaction ID: 38944120 SC Greer 29652-0823 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 OF Use sep for each Detailed

parate schedule(s)	_	ck only	_		•	FAGL	-	11 01	20	
h category of the d Summary Page	×	11a		11b		11c		12		
		13		14		15		16	17	

	and Statements may not be sold or used by any pering the name and address of any political committee	
NAME OF COMMITTEE (In Full)		
/ American Optometric Assoc	ciation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Roger L Jordan		Date of Receipt
Mailing Address 3329 Paintbrush Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	01 09 2016 Transaction ID : 38951763
Gillette	WY 82718-7616	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self Employed	Doctor of Optometry	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Timothy A Stafford	<u>'</u>	Date of Receipt
Mailing Address 1012 Julius Richardson	Rd	M = M / D = D / Y = Y = Y
City	State Zip Code	01 14 2016 Transaction ID : 38968498
Irmo	SC 29063-9740	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	-
Self Employed	Doctor of Optometry	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Dr. Jeffrey C Anderson		Date of Receipt
Mailing Address 205 Story St		01 14 2016
City Boone	State Zip Code IA 50036-4242	Transaction ID: 38968500
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	250.00
Name of Employer	Occupation	7
Self Employed Receipt For:	Doctor of Optometry	4
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	al)	1250.00
TOTAL This Period (last page this line nu	mber only)	
TOTAL THIS PERIOD HAST DAME THIS LINE HUI		

FOR LINE NUMBER: PAGE 12 OF (check only one) X 11a 11b 11c

26 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Ian B Gaddie Date of Receipt Mailing Address 4001 Fox Meadow Way 2016 15 City State Zip Code Transaction ID: 38970016 KY 40059-9115 Prospect Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Timothy D Rioux Date of Receipt Mailing Address 147 Pleasant St 01 16 2016 City State Zip Code Transaction ID: 38972390 ME Fort Kent 04743-1502 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Tara L DeRose Date of Receipt Mailing Address 5940 S Wright Ct 2016 01 17 City Zip Code State Transaction ID: 38972398 CO Littleton 80127-4635 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation **Doctor of Optometry** Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF 26 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Scott M Walters Date of Receipt Mailing Address 1025 NW Regent Dr 2016 18 City Zip Code State Transaction ID: 39003320 OR **Grants Pass** 97526-3383 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Johni D Curts Date of Receipt Mailing Address 7 Timberwood Dr Unit 430 01 19 2016 City State Zip Code Transaction ID: 39020362 NH Lebanon 03766-4477 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Scott M Lauer Date of Receipt Mailing Address 1103 Greenmont Cir 01 20 2016 City Zip Code State Transaction ID: 39020378 WV Vienna 26105-3299 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 14 OF 26 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Philip T Williams Date of Receipt Mailing Address 21811 42nd Dr NE 2016 21 City Zip Code State Transaction ID: 39021422 98223-7278 WA Arlington Amount of Each Receipt this Period FEC ID number of contributing C 2000.00 federal political committee. Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. James Maxwell Ernst Date of Receipt Mailing Address 14 Bittersweet Dr 01 22 2016 City State Zip Code Transaction ID: 39022520 KY Alexandria 41001-1300 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Deanna Swafford Alexander Date of Receipt Mailing Address 4127 Cedargate Dr 01 24 2016 City Zip Code State Transaction ID: 39023497 CO Fort Collins 80526-3386 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 2750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

federal political committee.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOF	R LINE	NU	MBER	:	PAGE	1	15 OF	-	2
Use separate schedule(s)	(che	eck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Steven Richlin Date of Receipt Mailing Address 16225 Quemada Rd 25 2016 City State Zip Code Transaction ID: 39023613 91436-3620 CA Encino Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation **Doctor of Optometry** Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Ashley K McFerron Date of Receipt Mailing Address 19302 Riverwood Ln 01 25 2016 City State Zip Code Transaction ID: 39023616 Lake Oswego OR 97035-1318 Amount of Each Receipt this Period FEC ID number of contributing 250.00

	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	
C.	Pull Name (Last, First, Middle Initial) Dr. Brandon L Smith Mailing Address 2660 Allen St		Date of Receipt O1 25 2016
	City	State Zip Code	Transaction ID : 39023625
	Salina	KS 67401-7626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	Self Employed	Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	NUDTOTAL of Describe This Described		1000.00

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

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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 16 OF 26

TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association	e name and address of any political committed	
Full Name (Last, First, Middle Initial) Dr. Jeffrey C Michaels Mailing Address 2775 Caleherne Ct City Sandy Hook FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code VA 23153-2248 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	Date of Receipt 101 25 2016 Transaction ID: 39024282 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Herman H Ginger Mailing Address 3901 Divoky Rd City Pine Bluff FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code AR 71603-9505 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 2000.00	Date of Receipt O1 26 2016 Transaction ID: 39024493 Amount of Each Receipt this Period 2000.00
Full Name (Last, First, Middle Initial) Dr. Jeremy T Nett Mailing Address 4033 Wills Rd City Cheyenne FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code WY 82001-1875 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 365.00	Date of Receipt O1 26 2016 Transaction ID: 39024623 Amount of Each Receipt this Period 365.00
SUBTOTAL of Receipts This Page (optional)		2865.00

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

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 17 OF 26

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Optometric Association	on Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Richard C Edlow Mailing Address 8913 Griffin Way City Baltimore FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MD 21208-1424 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	Date of Receipt 01 28 2016 Transaction ID: 39050231 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Jennifer L Planitz Mailing Address 3537 Newcastle Dr SE City Rio Rancho FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NM 87124-3672 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 416.66	Date of Receipt O1 28 2016 Transaction ID: 39050259 Amount of Each Receipt this Period 416.66
Full Name (Last, First, Middle Initial) Dr. Joseph W Stradel Mailing Address 919 W Kennedy Ave Ste A City Kimberly FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code WI 54136-2205 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	Date of Receipt O1 27 2016 Transaction ID: 39050302 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		916.66
TOTAL This Period (last page this line number	only).	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

26

ITEMIZED RECEIPTS 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. C. Douglas Stine Date of Receipt Mailing Address 387 Scout Rd 2016 27 City Zip Code State Transaction ID: 39050303 WI Mosinee 54455-9772 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Ladd M Nolin Date of Receipt Mailing Address 12101 Woodway Cir 01 28 2016 City State Zip Code Transaction ID: 39050521 ΑK Anchorage 99516-2059 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Gregory D Loose Date of Receipt Mailing Address 20 Boone Rd 01 28 2016 City Zip Code State Transaction ID: 39050522 MS Perkinston 39573-5830 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Ida Chung Date of Receipt Mailing Address 14598 Viva Drive 2016 28 City State Zip Code Transaction ID: 39051581 CA Eastvale 92880-1082 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Donald Van Covington Date of Receipt Mailing Address 722 Cumberland Cir 01 28 2016 City State Zip Code Transaction ID: 39051587 NC Rockingham 28379-3131 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Michael D Ackermann Date of Receipt Mailing Address 117 W Center St 01 28 2016 City Zip Code State Transaction ID: 39051589 MN Lake City 55041-1635 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 20 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Elliot M Kirstein Date of Receipt Mailing Address 9831 Orchard Club Dr 2016 28 City Zip Code State Transaction ID: 39051590 OH Montgomery 45242-4467 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. James Matthew Hunter Date of Receipt Mailing Address 40 Kelleys Trl 01 28 2016 City State Zip Code Transaction ID: 39051591 FL Oldsmar 34677-1918 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. C. Sanford Berry Date of Receipt Mailing Address 8511 Evergreen Dr NE 01 31 2016 City Zip Code State Transaction ID: 39052303 WA Olympia 98506-9740 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Jeffrey S Wigton Date of Receipt Mailing Address 217 Teakwood Rd 2016 31 City Zip Code State Transaction ID: 39052473 PΑ Butler 16001-1973 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... 27021.66 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 22 OF 26						
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	e(s) (check only one)						
	for each category of the Detailed Summary Page	X 21b	22 23 24 25 26					
	Dotailed Guillinary 1 age	27	28a 28b 28c 29 30b					
Any information copied from such Reports and Stater or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
American Optometric Association I	Political Action Com	mittee						
Full Name (Last, First, Middle Initial)								
A. WellsFargo			Date of Disbursement					
Mailing Address 1650 Tyson Blvd.			01 11 2016					
,	State Zip Code		Transaction ID : 39050312					
McLean	VA 22102		114115454151112					
Purpose of Disbursement Bank Fees		001	Amount of Each Disbursement this Period					
Candidate Name								
		Category/ Type	777.53					
Office Sought: House Disburser Senate								
President	Primary General Other (specify) ▼		Bank Fees					
State: District:	Curior (opcony)							
Full Name (Last, First, Middle Initial)								
B. Bank of America			Date of Disbursement					
Mailing Address PO Box 790251			01 05 2016					
0.4	7'- OI-							
City St. Louis	State Zip Code MO 63179		Transaction ID: 39060691					
Purpose of Disbursement American Express Fees		001	Amount of Each Disbursement this Period					
Candidate Name		Category/ Type	213.73					
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)	71-	American Express Fees					
State: District:								
Full Name (Last, First, Middle Initial) C. Bank of America			Date of Disbursement					
Mailing Address PO Box 790251			01 04 2016					
City	State Zip Code							
St. Louis	MO 63179		Transaction ID: 39060692					
Purpose of Disbursement Visa/Master Card Fees		001	Amount of Each Dishursonment this Device					
Candidate Name			Amount of Each Disbursement this Period					
		Category/ Type	937.25					
Office Sought: House Disburser								
Senate President	Primary General		Visa/Master Card Fees					
State: District:	Other (specify) ▼							
S.C.I.O.								
SUBTOTAL of Disbursements This Page (optional)		······	1928.51					
TOTAL This Period (last page this line number only)								

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 23 OF							OF_	26	
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check	check only one)								
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NAME OF COMMITTEE (In Full)											
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A. Bank of America				Date of	_	rsen			Y Y	Υ	
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,	state Zip Code			Trans	action	י חו	300	60603			
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	Primary General			Bank Fe	es						
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Purpose of Disbursement			\exists	Amount	of Ea	ch E	Disbu	urseme	ent this	Perio	od
Candidate Name		Category Type	y/		-			-			
Office Sought: House Disbursem	nent For:	туре			,			,			
	Primary General Other (specify) ▼										
State: District:	Other (specify)										
Full Name (Last, First, Middle Initial)											
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Candidate Name		Category Type	y/	Amount	or Eu	011 L	71000	il dellile	nt uno		
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Senate	Primary General										
State: District:	Other (specify) ▼										
					-	-	=	_	Ω./	.25	$\overline{}$
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TOTAL This Period (last page this line number only).			•					-	2012	.76	

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or	ny information copied from such Reports and Statem for commercial purposes, other than using the nam	ents may e and add	not be sold or use Iress of any politica	ed by any pe al committee	to solicit co	purpose ontributions	or soliciting from such	d contribu	itions ttee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)								
	American Optometric Association F	Political	Action Comr	nittee					
<u>/</u>	•								
Α.	Full Name (Last, First, Middle Initial)				Data	of Disburse	mont		
٦.	Guthrie For Congress				Date C	_		YYY	V
	Mailing Address PO Box 9639				01	0		2016	
	City	state	Zip Code						
	Bowling Green	KY	42102		Tran	saction ID	: 389292	44	
	Purpose of Disbursement Void - Guthrie For Congress			211					
	Candidate Name			011	Amour	nt of Each	Disburse	ment this	Period
	Rep. Brett Guthrie			Category/ Type				-200	0.00
	Office Sought:	nent For:	2016	туре	_		7		
		Primary	General		Void - 0	Guthrie Fo	r Congres	S	
		Other (spe	ecify) 🔻				J		
	State: KY District: 02								
D	Full Name (Last, First, Middle Initial)				Data	of Disburse	mont		
В.	Jaime For Congress					_		Y Y Y	V
	Mailing Address PO Box 1614				01		4	2016	_ '
	City	state	Zip Code		_	acation ID	: 389695	50	
	-				Tran	Saction id	. 303033	J U	
	-	WA	98642		Tran	saction ib	. 369093	J 0	
	Ridgefield			011		nt of Each			Period
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	Ridgefield Purpose of Disbursement Candidate Contribution Candidate Name Rep. Jaime Herrera-Beutler	WA	98642					ment this	Period
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	Ridgefield Purpose of Disbursement Candidate Contribution Candidate Name Rep. Jaime Herrera-Beutler Office Sought: House Disbursem	wa nent For:	98642 2016 General	Category/	Amour	nt of Each	Disburse	ment this	
	Ridgefield Purpose of Disbursement Candidate Contribution Candidate Name Rep. Jaime Herrera-Beutler Office Sought: House Disbursement Senate President March M	ment For:	98642 2016 General	Category/	Amour	at of Each	Disburse	ment this	
	Ridgefield Purpose of Disbursement Candidate Contribution Candidate Name Rep. Jaime Herrera-Beutler Office Sought: House Senate President State: WA District: 03	ment For:	98642 2016 General	Category/	Amour	nt of Each	Disburse	ment this	
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— С.	Ridgefield Purpose of Disbursement Candidate Contribution Candidate Name Rep. Jaime Herrera-Beutler Office Sought: House Senate President State: WA District: 03 Full Name (Last, First, Middle Initial) Upton For All Of Us Mailing Address P.O. Box 490 City St. Joseph	wA nent For: Primary Other (spe	98642 2016	Category/	Amour Candic	ate Contrib	Disburse pution ement	100 100 2016	00.00
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 OF 26						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b					
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar								
NAME OF COMMITTEE (In Full)								
American Optometric Association I	Political Action Com	mittee						
Full Name (Last, First, Middle Initial)								
A. Gene Green Congressional Campa	aign ————————————————————————————————————		Date of Disbursement					
Mailing Address PO Box 16128			01 19 2016					
City Houston	State Zip Code TX 77222		Transaction ID: 39011749					
Purpose of Disbursement Candidate Contribution		011	Amount of Each Disbursement this Period					
Candidate Name		Category/	1000.00					
Rep. Gene Green		Type	1000.00					
Senate President	ment For: 2016 Primary ☐ General Other (specify) ▼		Candidate Contribution					
State: TX District: 29								
Full Name (Last, First, Middle Initial) B. McHenry Leadership Fund			Date of Disbursement					
Mailing Address 228 S Washington St., Ste. 115			01 21 2016					
Alexandria	State Zip Code VA 22314		Transaction ID: 39021392					
Purpose of Disbursement Committee Contribution		011	Amount of Each Disbursement this Period					
Candidate Name		Category/ Type	1000.00					
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify) ▼		Committee Contribution					
Full Name (Last, First, Middle Initial)			Data of Dishursoment					
c. Cramer For Congress			Date of Disbursement					
Mailing Address PO Box 396			01 27 2016					
City Bismarck	State Zip Code ND 58502		Transaction ID: 39049953					
Purpose of Disbursement Candidate Contribution		1						
Candidate Name		011 Category/	Amount of Each Disbursement this Period 2500.00					
Rep. Kevin J. Cramer Office Sought: House Disburser	ment For: 2016	Туре						
Senate President State: ND District: 00	Primary General Other (specify) ▼		Candidate Contribution					
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	4500.00					
TOTAL This Period (last page this line number only))							

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 26						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30					
Any information copied from such Reports and Statem or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full) American Optometric Association F	Political Action Comm	nittee						
Full Name (Last, First, Middle Initial) A. Friends Of Roy Blunt			Date of Disbursement					
Mailing Address PO Box 10178			01 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Columbia	State Zip Code MO 65205		Transaction ID : 39049954					
Purpose of Disbursement Candidate Contribution		011	Amount of Each Disbursement this Period					
Candidate Name Sen. Roy Blunt		Category/ Type	1500.00					
Senate	nent For: 2016 Primary General Other (specify)		Candidate Contribution					
Full Name (Last, First, Middle Initial) B. Denny Heck For Congress Mailing Address PO Box 235			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Olympia	State Zip Code WA 98507		Transaction ID : 39050588					
Purpose of Disbursement Candidate Contribution		011	Amount of Each Disbursement this Period					
Candidate Name Rep. Denny Heck		Category/ Type	1000.00					
Senate	nent For: 2016 Primary General Other (specify)		Candidate Contribution					
Full Name (Last, First, Middle Initial) C. Volunteers For Shimkus			Date of Disbursement					
Mailing Address PO Box 661			01 29 2016					
City S Collinsville	State Zip Code IL 62234		Transaction ID : 39051387					
Purpose of Disbursement Candidate Contribution Candidate Name Rep. John M. Shimkus		011 Category/ Type	Amount of Each Disbursement this Period					
Senate	nent For: 2016 Primary General Other (specify)		Candidate Contribution					
SUBTOTAL of Disbursements This Page (optional)			3500.00					
			8000.00					