Image# 13941838857				PAGE 1 / 68
	PORT OF F D DISBURS	SEMENTS	Office	
1. NAME OF <b>TYP</b>	E OR PRINT V	Example: If typing, typ		e Use Only
COMMITTEE (in full)		over the lines.	12FE4M5	
American Optometric Asso	ociation Political Ac	ction Committee		
ADDRESS (number and street)	505 Prince Street			
▼   Si	uite 300			
Check if different than previously reported. (ACC)	lexandria		VA 22	314
2. FEC IDENTIFICATION NUMB	ER V CITY	•	STATE 🔺	ZIP CODE
C C00024968	3. IS RE	THIS X NEW PORT X (N)	OR AMENDE	ED
(Choose One) (a) Quarterly Reports:	Report Due On: Mar 2	0 (M2) May 2 0 (M3) Jun 20 0 (M4) Jul 20	(M6) Sep 20 (M	9) Dec 20 (M12) (Non-Election Year Only) (Non-Election Year Only)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15	(c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election	on / D	D / Y Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election		D / Y Y Y Y Y	in the State of
5. Covering Period 09	01 / Y Y Y 01 2013	through		2013
I certify that I have examined this Re	eport and to the best of n	ny knowledge and belief	it is true, correct and com	plete.
Type or Print Name of Treasurer F	red Dubrick O.D.			
Signature of Treasurer	ick O.D.	[Electronically Filed	Date 10	D D / Y Y Y Y 17 2013
NOTE: Submission of false, erroneous,	or incomplete information	may subject the person si	gning this Report to the pen	alties of 2 U.S.C. §437g.
Office Use Only			F	EC FORM 3X Rev. 12/2004

#### 10/17/2013 10 : 26

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

	FEC I	Form	3X	(Rev.	02/20	003)
Write	or Type	o Con	nmitt	ee Na	ame	

#### American Optometric Association Political Action Committee

R	eport Covering the Period: From: 09	M / D D / Y Y Y Y 01 2013 To	b: 09 / 0 / Y Y Y Y 09 30 2013
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		487852.98
	(b) Cash on Hand at Beginning of Reporting Period	629269.88	
	(c) Total Receipts (from Line 19)	35480.30	651717.18
	<ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul>	664750.18	1139570.16
7.	Total Disbursements (from Line 31)	81048.48	555868.46
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	583701.70	583701.70
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

#### For further information contact:

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

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

X

1	DETAILED SUMMARY PAGE of Receipts	Г
FEC Form 3X (Rev. 06/2004)		Page <b>3</b>
Write or Type Committee Name		
American Optometric Association F	Political Action Committee	
Report Covering the Period: From:	9 01 / Y Y Y Y 2013	To: 09 30 / Y Y Y Y 2013
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ul><li>11. Contributions (other than loans) From:</li><li>(a) Individuals/Persons Other</li></ul>		
Than Political Committees		101001.05
(i) Itemized (use Schedule A)	27602.03	431304.65
(ii) Unitemized	7860.51	219117.51
(iii) TOTAL (add Lines 11(a)(i) and (ii)►	35462.54	650422.16
(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 Totals to Line 33, page 5)	35462.54	650422.16
12. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made		7 7
to Federal Candidates and Other		1000.00
Political Committees 17. Other Federal Receipts	0.00	1000.00
(Dividends, Interest, etc.)	17.76	295.02
<ol> <li>Transfers from Non-Federal and Levin Funds         <ul> <li>(a) Non-Federal Account</li> </ul> </li> </ol>		
(a) Non-Pederal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
		0.00
19. Total Receipts (add Lines 11(d),	25 100 22	654747.40
12, 13, 14, 15, 16, 17, and 18(c))►	35480.30	651717.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)►	35480.30	651717.18

Image# 13941838859

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	2048.48	63273.46
(c) Total Operating Expenditures	2048.48	63273.46
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party		
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	79000.00	481000.00
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.00
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	1595.00
	0.00	0.00
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))►	0.00	1595.00
Other Disbursements	0.00	10000.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
<ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Activity Paid Entirely</li></ul>	0.00	0.00
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
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	81048.48	555868.40
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	81048.48	555868.46
	7	7 7

L

#### **DETAILED SUMMARY PAGE**

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	35462.54	650422.16
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	1595.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35462.54	648827.16
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	2048.48	63273.46
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00
<ol> <li>Net Operating Expenditures (subtract Line 37 from Line 36)</li> </ol>	2048.48	63273.46

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 6 OF

			Detailed Summary Page		11a 13		11b 14	11c	$\vdash$	12 16	17
Ar or	y information copied from such Reports and s for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any p ddress of any political committe	erson f e to so	or the	pur ntrib	pose of	soliciting	רי יסס ו יס ו	ntributi	ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Associati	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Peter Charles Dubin Mailing Address 3397 Charleston Hwy				Date of		D D	/ Y		Y 1	Y
	City Walterboro	State SC	Zip Code 29488-6122				-	3641382 eceipt th	9	013 Period	
	FEC ID number of contributing federal political committee.	C					л. I.		_	125.	00
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	]							
в.	Full Name (Last, First, Middle Initial) Dr Stanley Woo				Date of	f Re	eceipt				
	Mailing Address 2501 Nicholson St	State	Zip Code		м м 09		04	/ Y	20	) 013	Y
	Houston	TX	77008-2022					36414920 eceipt th		Period	
	FEC ID number of contributing federal political committee.	С			anoun		1	1		250.	00
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	]							
C.	Full Name (Last, First, Middle Initial) Dr Abie R Chadderdon				Date of	f Re	eceipt				
	Mailing Address 2005 Timberline Rd				м м 09	/	D D 04	/ Y		013 013	Y
	City Marshalltown	State IA	Zip Code 50158-3865					3641492 eceipt th		Period	
	FEC ID number of contributing federal political committee.	С					7			333.	34
	Name of Employer	Occupation									
	Self Employed	Doctor of C	ptometry								
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Other (specify)		1000.02	]							
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FOR LINE NUMBER:

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			y not be sold or used by any p ddress of any political committe		or the		ose of	soliciting	g contrib	utions
American Op		tion Politica	al Action Committee							
Full Name (Last, Fi <b>A.</b> Dr Diane Cowg Mailing Address 46 City HARRISONBURG FEC ID number of federal political com Name of Employer Self Employed	er 0 SILVER OAKS DR contributing	State VA C Occupation Doctor of Q				actio	06 06	/ Y 3642752 eccipt th	nis Perio	
Receipt For: Primary Other (specify	General /) ▼	·	Year-to-Date ▼ 500.00	]						
Full Name (Last, Fi <b>B.</b> Dr Michael E H Mailing Address 24 City	lanen-Smith	State	Zip Code		Date of	/	08	) / Y 3642767	2013	Y
Bloomington FEC ID number of federal political com Name of Employer Self Employed	U U	MN C Occupation Doctor of Op		/					nis Perio	d 0.00
Receipt For: Primary Other (specify	General /) ▼									
C. Dr Tracie M K Mailing Address 13	ing				Date of	f Red	ceipt 09	/ Y	2013	Y
City Baltimore FEC ID number of federal political com Name of Employer Self Employed Receipt For:	General	State MD Occupation Doctor of O Aggregate	Zip Code 21230-4220 ptometry Year-to-Date ▼ 375.00					364279 eceipt th	nis Perio	d 5.00
				▶   ▶			,	7	875	5.00

# SCHEDULE A (FEC Form 3X) \_ \_ \_ \_ \_ \_

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			Detailed Summary Page		11a 13		11b 14	11c		12 16	17	,
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	NAME OF COMMITTEE (In Full) American Optometric Associatio	n Politica	al Action Committee									
A.	Full Name (Last, First, Middle Initial) Dr William Drost Altig Mailing Address 520 COUNTY ROAD 4856				ate of		ceipt	р / т		Y	Y	
	City NEWARK	State TX	Zip Code 76071-3404					<b>364279</b> Receipt t				
	FEC ID number of contributing federal political committee.	С					7			500.0	00	
	Name of Employer Self Employed	Occupation Doctor of O										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00									
в.	Full Name (Last, First, Middle Initial) Dr John Magalhaes			Da	ate of	f Re	ceipt					
	Mailing Address 5 William Bradford Ct	State	Zip Code	4 L	09	/	09	J L	201	13	Y	
	N Dartmouth	MA	02747-3847					364306 <sup>-</sup> Receipt t		eriod		
	FEC ID number of contributing federal political committee.	С					7			250.0	00	
	Name of Employer Self Employed	Occupation Doctor of Op										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00									
С.	Full Name (Last, First, Middle Initial) Dr Jon M Ishihara			Da	ate of	f Re	ceipt					
	Mailing Address 94-127 Makoa St				и м 09	/	D 10		201	13 13	Y	
	City Waipahu	State HI	Zip Code 96797-4728					: <b>364345</b> Receipt t		eriod		
	FEC ID number of contributing federal political committee.	С					,			365.0	00	
	Name of Employer	Occupation		_								
	Self Employed	Doctor of O	ptometry									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00									
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	y information copied from such Reports and Si for commercial purposes, other than using the														
$\overline{)}$	NAME OF COMMITTEE (In Full)														
$\rangle$	American Optometric Associatio	on Politica	al Action Committee												
Α.	Full Name (Last, First, Middle Initial) Dr David Nelson				Date of	Re	eceipt								
	Mailing Address 5714 OXBOW BND				09 10 / Y Y Y Y Y 09 10 2013										
	City	State	Zip Code		Trans	act	ion ID :	3643470	4						
	MADISON	WI	53716-2472		Amount	of	Each R	eceipt th	is P	eriod					
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	Name of Employer	Occupation													
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	Primary General Other (specify) ▼		250.00	]											
в.	Full Name (Last, First, Middle Initial) Dr Susan Fisher				Date of	Re	eceipt								
	Mailing Address 1285 Owen PI				м м 09	1	11	/ Y	20	13	Y				
	City	State	Zip Code	Transaction ID : 36438731											
	North Bellmore	NY	11710-2118		Amount	of	Each R	eceipt th	is P	eriod					
	FEC ID number of contributing federal political committee.	С					,		_	150.	00				
	Name of Employer	Occupation		_											
	Self Employed	Doctor of O	otometry												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		300.00	]											
С.	Full Name (Last, First, Middle Initial) Dr Daniel Dawson Coyle				Date of	Re	eceipt								
	Mailing Address 310 Tea Farm Rd				м м 09	1	D D 12	/ Y		) 13	Y				
	City	State	Zip Code		Trans	act	ion ID :	3644872	3						
	Summerville	SC	29483-4218		Amount	of	Each R	eceipt th	is P	eriod					
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	Self Employed	Doctor of O	ptometry												
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	Primary General		375.00	11.											
	Other (specify)		375.00												
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	y information copied from such Reports and S for commercial purposes, other than using the												
<u> </u>	NAME OF COMMITTEE (In Full)												
$\rangle$	American Optometric Associatio	on Politica	al Action Committee										
Α.	Full Name (Last, First, Middle Initial) Dr Bret A Bodenhamer				Date c	f Re	eceipt						
	Mailing Address 303 Madelines Park Cir				09	/	D 12	12 2013					
	City	State MO	Zip Code 65109-7348				-	: 364504	-				
	Jefferson City	MO	05109-7340		Amour	t of	Each	Receipt	this F	<sup>2</sup> eriod			
	FEC ID number of contributing federal political committee.	С					7		_	500	.00		
	Name of Employer	Occupation	1										
	Self Employed	Doctor of O	ptometry										
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	Primary General Other (specify)		500.00	1									
в.	Full Name (Last, First, Middle Initial) Dr Sally B Bodenhamer				Date c	of Re	eceipt						
	Mailing Address 7010 Spring Park Dr				M N 09	/	D 12		y y 2(	013	Y		
	City	State	Zip Code		Trans	sacti	ion ID	: 364504	60				
	Jefferson Cty	MO	65109-3345		Amour	t of	Each	Receipt	this F	Period			
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	Name of Employer Self Employed	Occupation Doctor of O											
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	Primary General Other (specify) ▼		500.00										
с.	Full Name (Last, First, Middle Initial) Dr Mark David Hansen				Date c	of Re	eceipt						
	Mailing Address 1887 N Isett Ave				м 09	/	D 1:			013	Y		
	City	State IA	Zip Code					: 364504					
	Muscatine		52761-9747		Amour	t of	Each	Receipt	this F	<sup>2</sup> eriod			
	FEC ID number of contributing federal political committee.	С					,			125	5.00		
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	Primary General			11									
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		Detailed Summary Page		11a 13		11b 14	11c	$\vdash$	12 16	17			
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NAME OF COMMITTEE (In Full) American Optometric Associatio													
Full Name (Last, First, Middle Initial) Dr Johndra McNeely Mailing Address 210 CROSSBRIDGE TRL				Date of	_	eceipt		Y	Y	Y			
			09 14 2013 Transaction ID : 36453523										
City PIEDMONT	State SC	Zip Code 29673-7342					3645352 eceipt th		Period				
FEC ID number of contributing federal political committee.	С					,		_	91.	25			
Name of Employer	Occupation												
Self Employed	Doctor of C	ptometry											
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 273.75	]										
Full Name (Last, First, Middle Initial) B. Dr Marsha Beach				Date of	f Re	eceipt							
Mailing Address 652 CLOVERGLEN DR				м м 09		15	/ Y		) 013	Y			
City	State	Zip Code					3645364						
GRAND JCT	CO	81504-5114		Amount	t of	Each R	eceipt th	is F	Period				
FEC ID number of contributing federal political committee.	С					7		_	50.	00			
Name of Employer Self Employed	Occupation Doctor of O												
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	]										
Full Name (Last, First, Middle Initial) C. Mr Rodney Peele				Date of	f Re	eceipt							
Mailing Address 1505 Prince Street Suite 30				м м 09	/	06	/ Y		013 013	Y			
City Alexandria	State VA	Zip Code 22314-2852					3645808		Period				
FEC ID number of contributing federal political committee.	С					,			500	.00			
Name of Employer	Occupation	1	_										
American Optometric Association	Lobbyist												
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		500.00											
SUBTOTAL of Receipts This Page (optional)									641.	25			
TOTAL This Period (last page this line number			-			,	,						

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			Detailed Summary Page		11a 13		11b		11c		12 16	17			
	y information copied from such Reports and for commercial purposes, other than using the				for the		pose		soliciting		ntribut	tions			
	NAME OF COMMITTEE (In Full) American Optometric Associat	ion Politica	al Action Committee												
<b>A</b> .	Full Name (Last, First, Middle Initial) Dr Robert S Stutman				Date of	Re	eceipt								
	Mailing Address 3708 Clipper Rd	01.1	7.0.1		м м 09	/		6	/ Y		013	Y			
	City Baltimore	State MD	Zip Code 21211-1422						3646353 eceipt th		eriod				
	FEC ID number of contributing federal political committee.	С					7		7	_	1000	.00			
	Name of Employer	Occupation													
	Self Employed Receipt For:	Doctor of O		_											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1											
В.	Full Name (Last, First, Middle Initial) Dr Sarah J Hudson	1			Date of	Re	eceipt								
	Mailing Address 284 Richards Ave Unit 2				м м 09	1		D 7	/ Y	ү 20	)13	Y			
	City	State	Zip Code	Transaction ID : 36463538											
	Portsmouth	NH	03801-5238	- 1	Amount	t of	Each	Re	eceipt th	າis P	'eriod				
	FEC ID number of contributing federal political committee.	С					7			_	125.	.00			
	Name of Employer Self Employed	Occupation Doctor of O													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00												
с.	Full Name (Last, First, Middle Initial) Dr George W Veliky	-			Date of	Re	eceipt								
	Mailing Address 137 Oak Grove Ave				м м 09	/		D 17	/ Y		)13	Y			
	City Hasbrouck Hts	State NJ	Zip Code 07604-1225	Transaction ID : 36463540 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					3			_	45	.00			
	Name of Employer	Occupation	1	_											
	Self Employed	Doctor of C	ptometry												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		396.00												
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Ary Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soleling contributions from tuck committee.         NAME OF CONTITEE (in Full)         Arrenican Optionetric Association Political Action Committee         Full Name (tast, First, Middle Initial)         A. Dr Daniel Acosterman         Maing Address 16420 Carla St         City         Eagle River         Are provide a contributing federal political committee.         Name of Carlo To Statements         B. Dr Denniel Acosterman         Name of Carlo Statements         Per Carlo Receipt Instruction         City         State Statements         Parting (Last, First, Middle Initial)         A. Dr Daniel A Swarner         Date of Receipt         Maing Address Po Box 1669         City         State State State         City         State State         Poinage Intervent         Maing Address Po Box 1669         City         State State         City         State State         Poinage Intervent         Maing Address Po Box 1669         City         City         State State         Poinage Intervent <th></th> <th></th> <th></th> <th>Detailed Summary Page</th> <th></th> <th>&lt; 11a 13</th> <th><math>\vdash</math></th> <th>11b</th> <th><math>\vdash</math></th> <th>11c 15</th> <th></th> <th>12 16</th> <th>17</th>				Detailed Summary Page		< 11a 13	$\vdash$	11b	$\vdash$	11c 15		12 16	17				
NAME OF COMMITTEE (in Full)         American Optometric Association Political Action Committee         Full Name (Last, First, Middle Initial)         A. Dr Daniel Kosterman         Mailing Address 16420 Carla St         City       State         Eagle River         AK       93677-7618         FEC 1D number of contributing federal political committee.         Other (specify)       Occupation         Dother (specify)       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       State         Zip Code       Transaction ID: 36463541         Annount of Each Receipt Inst       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       State         Zip Code       Transaction ID: 36463542.         Annount of Each Receipt Instead       Aggregate Year-to-Date ▼         Primary       General       Occupation         Dify       State       Zip Code         Receipt For:       Occupation       Date of Receipt Instead         Receipt For:       Occupation       Date of Receipt Instead         Primary       General       Occupation       Date of Receipt Instead         Prinany       General       Optionerty<						for the		pose (		oliciting		ntribut	ions				
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$\left\rangle$	NAME OF COMMITTEE (In Full) American Optometric Associatio	n Politica	al Action Committee												
Α.	Full Name (Last, First, Middle Initial) Dr Freddie M Mayes Mailing Address 117 Magnolia Dr				Date o		· ·		V V V	- Y	V				
	City	State	Zip Code		09		17		2	2013	1				
	Central City	KY	42330-1727					Receipt		Period					
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в.	Full Name (Last, First, Middle Initial) Dr Larry C Wallis				Date o	f Re	eceipt								
	Mailing Address 20 Kentshire Ct			09 / 17 2013 Transaction ID : 36463545											
	City Greenville														
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с.	Full Name (Last, First, Middle Initial) Dr Franklin Yow Pu Lau				Date o	f Re	eceipt								
	Mailing Address 98-434 Kilinoe St Apt 402				м м 09	1	D 1			013	Y				
	City Aiea	State HI	Zip Code 96701-2144	Transaction ID : 36466528 Amount of Each Receipt this Period											
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association	on Politica	al Action Committee								
A.	Full Name (Last, First, Middle Initial) Dr Rodolfo L Rodriguez Mailing Address 404 Main St				Date of		· ·				
	City	State	Zip Code		09		17		2	013	Y
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В.	Full Name (Last, First, Middle Initial) Dr Thomas Annunziato				Date of	f Re	eceipt				
	Mailing Address 11700 Northview Dr				м м 09	1	18			013	Y
	City	State TX	Zip Code		Trans	acti	ion ID :	364665	33		
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c.	Full Name (Last, First, Middle Initial) Dr Harue Jean Marsden				Date of	f Re	eceipt				
	Mailing Address 1445 Prospect Ave Unit D				м м 09	/	D 19			ү 013	Y
	City Placentia	State CA	Zip Code 92870-3816					: 364728 Receipt		Period	
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NAME OF COMMITTEE (In Full) American Optometric Associa	ation Politica	al Action Committee											
A. Full Name (Last, First, Middle Initial) Mailing Address 22 Carrie Ln				Date of	Re	eceipt	) / Y		Ŷ	Y			
City N Kingstown	State RI	Zip Code 02852-4138				-	<b>3647282</b> leceipt th	9	013 Period				
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Full Name (Last, First, Middle Initial)         Dr Pamela J Blodgett         Mailing Address 22 Carrie Ln				Date of	<sup>:</sup> Re	D . D	/ Y	Y	Y	Y			
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C. Dr Philip Dunne Flynn Mailing Address 122 Palmetto Hall Dr				Date of	Re								
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NAME OF COMMITTEE (In Full)										
American Optometric Associat	tion Politica	al Action Committee								
Full Name (Last, First, Middle Initial) <b>A.</b> Dr Mitchell Todd Munson			Da	ate of	Recei	ipt				
Mailing Address 9940 ASHLEIGH WAY			T.	09	/	D D 19	/ Y	۲ 201	й 13	Y
City	State	Zip Code	T	Fransa	action	ID : 3	6472832	2		
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Full Name (Last, First, Middle Initial) B. Dr Susan Brunnett			Da	ate of	Recei	ipt				
Mailing Address 9940 ASHLEIGH WAY			Ň	09	/	19	/ Y	y 201	3	Y
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Full Name (Last, First, Middle Initial) C. Dr William Gil Davis			Da	ate of	Recei	ipt				
Mailing Address Po Box 516			T.	и м 09	/	05	/ Y	201	3	Y
City Newton	State MS	Zip Code 39345-0516					647288			
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13		11b 14	11c		12 16	17		
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements mand a	ay not be sold or used by any p ddress of any political committed	erson t e to so	for the	pur ntrib	pose of	soliciting	j co h cc	ntribut	ions		
$\left\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association	on Politica	al Action Committee										
Α.	Full Name (Last, First, Middle Initial) Dr Dwight L Avery Mailing Address 138 Pine Trail Rd				Date of		· · ·	) / Y	Y	Ŷ	Y		
	City London	State KY	Zip Code 40744-9426				-	3647288	89	013			
	FEC ID number of contributing federal political committee.	С			Amoun	t of	Each R	leceipt th	IS P	500	.00		
	Name of Employer Self Employed Receipt For:	Occupation Doctor of O	ptometry										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]									
B.	Full Name (Last, First, Middle Initial) Dr Patricia Dorsey Mailing Address 470 Road 180				Date of		eceipt	/ Y		013	Y		
	City Emporia	bria State Zip Code KS 66801-7640											
	FEC ID number of contributing federal political committee.	С					7	7	_	250.	00		
	Name of Employer Self Employed	Occupation Doctor of O											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]									
C.	Full Name (Last, First, Middle Initial) Dr Rose Marie Betz Mailing Address 7300 N Bluff Dr			_	Date of		eceipt	/ Y	Y	Y	Y		
	City Tuscaloosa	State AL	Zip Code 35406-2608					3647289	93	013			
	FEC ID number of contributing federal political committee.	C			Amoun		Fach R	leceipt th	is P	100 <sup>2</sup>	.00		
	Name of Employer Self Employed	Occupation Doctor of C											
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 800.00	]									
s	UBTOTAL of Receipts This Page (optional)			•						850.	00		
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		< 11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting		ntribut	ions
	NAME OF COMMITTEE (In Full) American Optometric Associatio										
A.	Full Name (Last, First, Middle Initial) Dr Matthew R Waner Mailing Address 1002 Linda Ct				Date of		· ·			W	N.
					09		11		2	013	Ŷ
	City Newport	State NC	Zip Code 28570-9349				-	3647289 Receipt th		Period	
	FEC ID number of contributing federal political committee.	С					7			300	00
	Name of Employer	Occupation									
	Self Employed Receipt For:	Doctor of O	ptometry								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	1							
в.	Full Name (Last, First, Middle Initial) Dr Michael Hattan				Date of	Re	eceipt				
	Mailing Address 3501 Fairway Dr				м м 09	/	13		2(	у 013	Y
	City	State KS	Zip Code					3647290			
	Hays	K5	67601-1546		Amount	t of	Each F	Receipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С				_	,	 J		500.	00
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]							
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr Rodolfo L Rodriguez				Date of	Re	eceipt				
	Mailing Address 404 Main St				м м 09	/	D 19			013	Y
	City Ridgefield Pk	State NJ	Zip Code 07660-1128					: <b>364731</b> Receipt th		Pariad	
	FEC ID number of contributing federal political committee.	С					J		113 1	200	00
	Name of Employer	Occupation		_							
	Self Employed	Doctor of O	ptometry								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	ny information copied from such Reports and S for commercial purposes, other than using the				or the		pose of	soliciting		ntribut	ions					
	NAME OF COMMITTEE (In Full) American Optometric Association															
A.	Full Name (Last, First, Middle Initial) Dr Kevin Alexander				Date of	Re	eceipt									
	Mailing Address 2116 Wildwood Ct				м м 09	1	20	/ Y		013	Y					
	City Fullerton	State CA	Zip Code 92831-1339	A				3647439 eceipt th		Period						
	FEC ID number of contributing federal political committee.	С					,		_	50.	00					
	Name of Employer	Occupation														
	Self Employed Receipt For:	Doctor of O	, ,													
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	1												
В.	Full Name (Last, First, Middle Initial) Dr Thomas L Lim				Date of	Re	eceipt									
	Mailing Address 1136 Thorntree Court			09 / Y Y Y Y Y 20 2013												
	City	State CA	Zip Code	Transaction ID : 36474393 Amount of Each Receipt this Period												
	San Jose	CA	95120-1740	A	mount	tof	Each R	eceipt th	is F	'eriod						
	FEC ID number of contributing federal political committee.	С			_	7		_	91.	25						
	Name of Employer Self Employed	Occupation Doctor of O														
	Receipt For:	Aggregate	Year-to-Date ▼													
	Other (specify)		273.75	]												
с.	Full Name (Last, First, Middle Initial) Dr Kathleen Goff				Date of	Re	eceipt									
	Mailing Address 114 CRESTED PEAK CT				м м 09	1	20	/ Y		у 013	Y					
	City SANTA TERESA	State         Zip Code         Transaction ID : 364743           NM         88008-9423         Amount of Each Receipt the second secon								94						
	FEC ID number of contributing federal political committee.	С		83.34												
	Name of Employer	Occupation	1	_												
	Self Employed	Doctor of O	ptometry													
	Receipt For: Primary General	Aggregate	Year-to-Date ▼													
	Other (specify)		583.38													
	UBTOTAL of Receipts This Page (optional)				-		7		-	224.	59					
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			Detailed Summary Page		11a 13	-	11b 14	11c	12	17					
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g contrib	utions					
<u> </u>	NAME OF COMMITTEE (In Full) American Optometric Associatio														
A.	Full Name (Last, First, Middle Initial) Dr James Maxwell Ernst				Date o	f Re	eceipt								
	Mailing Address 14 Bittersweet Dr				м м 09	/	20	) / Y	2013	Y					
	City Alexandria	State KY	Zip Code 41001-1300					3647439 Receipt th		d					
	FEC ID number of contributing federal political committee.	С					,		50	0.00					
	Name of Employer Self Employed	Occupation Doctor of O													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	]											
B.	Full Name (Last, First, Middle Initial) Dr Dennis Brtva				Date o	of Re	eceipt								
	Mailing Address 57 Pebblebrook Ct				м м 09	/	20	) / Y	ү ү 2013	Y					
	City Bloomington	State IL	Zip Code 61705-6300	Transaction ID : 36474397 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					л. I		10	0.00					
	Name of Employer Self Employed	Occupation Doctor of O													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]											
c.	Full Name (Last, First, Middle Initial) Dr Lynn Smith Hammonds				Date o	f Re	eceipt								
	Mailing Address 2725 Smyer Rd				м м 09	/	20	) / Y	2013	Y					
	City Vestavia	State AL	Zip Code 35216-1026					<b>3647439</b> Receipt th		d					
	FEC ID number of contributing federal political committee.	С					,			6.67					
	Name of Employer	Occupation													
	Self Employed Receipt For:	Doctor of O		_											
	Primary General Other (specify)	Ayyreyale	Year-to-Date ▼ 833.35	]											
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a		11b 14		11c		12 16	17	
	y information copied from such Reports and for commercial purposes, other than using th				for the		pose		oliciting		ntribut	ions	
<u> </u>	NAME OF COMMITTEE (In Full) American Optometric Associati												
Α.	Full Name (Last, First, Middle Initial) Dr Jonathan Toso Mailing Address 1101 Angel Ln				Date o			D	/ Y	Y	Ŷ	Y	
	City	State	Zip Code		09		2	20	647440	20	013		
	Canton	SD	57013-2634	_	Amoun	t of	Each	Re	ceipt th	is P	Period		
	FEC ID number of contributing federal political committee.	С					7		7	_	25	.00	
	Name of Employer Self Employed	Occupation Doctor of O											
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 225.00	]									
В.	Full Name (Last, First, Middle Initial) Dr Marc Robert Bloomenstein				Date o	f Re	eceipt						
	Mailing Address 5101 E CALAVAR RD												
	City SCOTTSDALE	State AZ	Zip Code 85254-2869						6474402 ceipt thi		Pariod		
	FEC ID number of contributing federal political committee.	С					,	Tie			100	00	
	Name of Employer Self Employed	Occupation Doctor of O											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	]									
с.	Full Name (Last, First, Middle Initial) Dr Robert Parks	I			Date o	f Re	eceipt						
	Mailing Address 86 Darlene Dr				м м 09	/	2	20	/ Y		)13	Y	
	City Wakefield	State RI	Zip Code 02879-8307						647440 ceipt thi		Period		
	FEC ID number of contributing federal political committee.	С		31.25									
	Name of Employer	Occupation											
	Self Employed	Doctor of O	ptometry	_									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 281.25	ıL.									
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# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		✓ 11a 13		11b 14	11c	12	Г	17							
	y information copied from such Reports and Si for commercial purposes, other than using the				for the	purp	ose of			butio								
	NAME OF COMMITTEE (In Full)																	
	American Optometric Association	on Politica	al Action Committee															
Α.	Full Name (Last, First, Middle Initial) Dr Jeffrey Gonnason				Date of	f Red	ceipt											
	Mailing Address 6721 GLOUCESTER PL				м м 09	/	20	/ Y	2013		1							
	City	State	Zip Code			actio		3647440										
	ANCHORAGE	AK	99504-3343	_	Amount	t of E	Each R	eceipt th	nis Perio	bd								
	FEC ID number of contributing federal political committee.	С					,			84.0	D							
	Name of Employer	Occupation																
	Self Employed	Doctor of Op	ptometry															
	Receipt For:	Aggregate	Year-to-Date ▼															
	Primary General Other (specify) ▼		756.00															
в.	Full Name (Last, First, Middle Initial) Dr Rick Baxter				Date of	f Red	ceipt											
	Mailing Address 3326 Madrona Beach Rd NW								09 20 2013									
	City	State Zip Code							6									
	Olympia	WA	98502-8868	_	Amount	t of E	Each R	eceipt th	nis Perio	bd								
	FEC ID number of contributing federal political committee.	С					,	7	8	50.00	)							
	Name of Employer Self Employed	Occupation																
	Receipt For:	Doctor of Op	•	_														
	Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 850.00	]														
<u></u> с.	Full Name (Last, First, Middle Initial) Dr David Hays				Date of	f Red	ceipt											
	Mailing Address 8720 52nd Street Ct W				м м 09	1	D D D 21	/ Y	2013	Y	1							
	City	State	Zip Code			acti		3647474										
	University Place	WA	98467-1758		Amount	t of E	Each R	eceipt th	nis Perio	bd								
	FEC ID number of contributing federal political committee.	С					7			84.0	0							
	Name of Employer	Occupation																
	Self Employed	Doctor of O	ptometry															
	Receipt For: Primary General	Aggregate	Year-to-Date ▼															
	Other (specify)		756.00															
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
or for commercial purposes, other than using	I nd Statements may not be sold or used by any the name and address of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Associ	ation Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr Paul Gustafson Mailing Address 159 Sunflower St		Date of Receipt
City	State Zip Code	09 21 2013 Transaction ID : 36474751
Casper	WY 82604-3805	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	35.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Initial) B. Dr Randolph Brooks		Date of Receipt
Mailing Address 3 Schindler Dr		09 21 2013
City Succasunna	StateZip CodeNJ07876-1183	Transaction ID : 36474754 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	
Full Name (Last, First, Middle Initial) C. Dr Ronald Lee Hopping		Date of Receipt
Mailing Address 1801 Creekside Dr		09 21 Y Y Y Y Y
City Friendswood	StateZip CodeTX77546-7821	Transaction ID : 36474755 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer	Occupation	
Self Employed	Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	1500.03	
SUBTOTAL of Receipts This Page (optional	])	401.67
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			Detailed Summary Page		< 11a 13		11b 14	11c	12 16	17
	y information copied from such Reports and St for commercial purposes, other than using the							soliciting		tions
<u> </u>	NAME OF COMMITTEE (In Full)									
$\Big\rangle$	American Optometric Associatio	n Politica	al Action Committee							
Α.	Full Name (Last, First, Middle Initial) Dr Desiree Tyer Hopping				Date of	f Re	eceipt			
	Mailing Address 1801 Creekside Dr				м м 09	/	21	) / Ү	ү ү 2013	Y
	City	State	Zip Code		Trans	act	ion ID :	3647475		
	Friendswood	ТХ	77546-7821	_	Amount	t of	Each F	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С					, .		166	6.67
	Name of Employer	Occupation								
	Self Employed	Doctor of O	ptometry							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		1500.03							
	Full Name (Last, First, Middle Initial) Dr Mary Lynn Gregory				Date of	f Re	eceipt			
	Mailing Address 3332 120th Ave				м м 09	/	21	) / Y	ү ү 2013	Y
	City	State	Zip Code		Trans	acti	ion ID :	3647475	7	
	Clear Lake	MN	55319-9506	_	Amount	t of	Each F	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С					,		49	.59
	Name of Employer Self Employed	Occupation Doctor of O								
	Receipt For:		Year-to-Date ▼	_						
	Primary General Other (specify) ▼	Aggregate	451.27							
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr Jan Cooper				Date of	f Re	eceipt			
	Mailing Address 101 Chandler W				м м 09	/	D 1	) / Y	ү 2013	Y
	City Highland	State CA	Zip Code 92346-5482					3647475 Receipt th		
	FEC ID number of contributing federal political committee.	С					7			6.67
	Name of Employer	Occupation								
	Self Employed	Doctor of O	ptometry							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		833.35							
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т	OTAL This Period (last page this line number of	only)		•	Li.					

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Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.       In the purpose of soliciting contributions from such committee.         NAME OF COMMITTEE (in Full)       American Optometric Association Political Action Committee       Date of Receipt         A. Dr Kim Eckroth       Malling Address PO Box 1834       Date of Receipt         City       State       Zip Code         Yelm       Segregate Year-to-Date ▼       Transaction ID : 36474775         Amount of Employer       Occupation       300.00         FEC ID number of contributing federal political committee.       Occupation       300.00         Self Employed       Doctor of Optometry       Aggregate Year-to-Date ▼       Occupation         Primary       General       Occupation       Transaction ID : 36474776         Amount of Each Receipt this Period       Transaction ID : 36474776       Amount of Each Receipt this Period         City       State       Zip Code       Transaction ID : 36474776         Receipt For:       Occupation       Transaction ID : 36474776       Amount of Each Receipt this Period         City       State       Zip Code       Transaction ID : 36474776       Amount of Each Receipt this Period         City       State       Zip Code       Transaction ID : 36474776	'			Detailed Summary Page		11a		11b	11c	$\left  - \right $	12	<b></b>
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF CANNTTEE (in Full) American Optometric Association Political Action Committee  Full Name (Last, First, Middle Initia) Date of Receipt Yeim Mailing Address PO Box 1834 City Yeim Mailing Address PO Box 1834 City Yeim Mailing Address PO Box 1834 City Yeim Agricyale Year-to-Date ▼ Poccup For: City City Set Employed Peccup For: City Set Empl												
American Optometric Association Political Action Committee         Full Name (Last, First, Middle Initial)         A. Dr Kim Eckroth         Maiing Address PO Box 1834         City         Yelm         City         State         City         Self Employed         Doctor of Optometry         Receipt For:         Political committee.         City         State         State         City         General         Disold Receipt         Octor of Optometry         Receipt For:         Other (specity)         Aggregate Year-to-Date ▼         Other (specity)         Aggregate Year-to-Date ▼ </td <td></td> <td>for commercial purposes, other than using the</td> <td></td>		for commercial purposes, other than using the										
✓       Full Name (Last, First, Middle Initial)         A. Dr Kim Eckroth       Date of Receipt         Mailing Address PO Box 1834       City         City       State       Zip Code         Yetim       WA       9597-1834         FGC 1D number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer       Occupation       Doctor of Optometry         Receipt For:       Aggregate Vear-to-Date ▼       300.00         Pull Name (Last, First, Middle Initial)       300.00       Date of Receipt         Dir David K Talley       Date of Receipt       Date of Receipt         Mailing Address 1608 Brookside Dr       City       State       Zip Code         City       State       Zip Code       Transaction ID: 38474776         Mailing Address 1608 Brookside Dr       City       State       Zip Code         City       State       Zip Code       Transaction ID: 38474776         Mount of Each Receipt Inits Period       Doctor of Optometry       Receipt For:       Aggregate Year-to-Date ▼         Primary       General       Dir engloyer       Coccupation       State       Zip Code         Shift Employeed       State       Zip Code       Mount of Each Receipt Ibis Period	$\setminus$	. ,	n Politic	Action Committee								
A. Dr Kim Eckroth       Date of Receipt         Mailing Address PO Box 1834       09       21       2013         City       State       Zip Code       7ranaaction ID: 36474775         Yeim       WA       9697-1834       Amount of Each Receipt the Pariod         FEC: Dn number of contributing federal political committee.       Occupation       300.00         Safe Temployed       Occupation       300.00         Full Name (Last, First, Middle Initial)       Aggregate Vear-to-Date ▼       300.00         Dip Cavid K Talley       Date of Receipt       Tranaaction ID: 36472776         Mailing Address 1686 Brookside Dr       City       State       Zip Code         City       State       Zip Code       Tranaaction ID: 36472776         Mailing Address 1686 Brookside Dr       City       State       Zip Code         City       State       Zip Code       Tranaaction ID: 36472776         Amount of Each Receipt this Period       Doccupation       Beceipt For:       Beceipt For:         Primary       General       Dire (specify) ▼       Tranaaction ID: 36474777         Mailing Address 2001 E 775 S       City       State       Zip Code         Springville       State       Zip Code       State         Shif Employer <td></td>												
Mailing Address PO Box 1834       21       21       2013         City       State       Zip Code       Transaction ID: 36474775         WA       98597-1834       Amount of Each Receipt fris       Amount of Each Receipt fris         Receipt For:       Occupation       Agregate Year-to-Date ▼       Occupation         State       Zip Code       700       22       2013         FC ID number of contributing federal political committee.       Agregate Year-to-Date ▼       Occupation       00       22       2013         Full Name (Last, First, Middle Initial)       Date of Receipt       Date of Receipt       Receipt For:       Agregate Year-to-Date ▼       00       22       2013         City       State       Zip Code       Transaction ID: 36474776       Amount of Each Receipt this Period         FC ID number of contributing federal political committee.       Occupation       Doctor of Optometry       Receipt For:       85:00         FUI Name (Last, First, Middle Initial)       Doctor of Optometry       Receipt For:       00       22       2013         Transaction ID: 36474776       Agregate Year-to-Date ▼       00       22       2013       Transaction ID: 36474776         City       State       Zip Code       Mailing Address 2001 E 775 S       Occupation	^	Full Name (Last, First, Middle Initial)				Data of	Be	coint				
City       State       Zip Code         Yeim       WA       28597-1834         FEC ID number of contributing federal political committee.       C       Transaction ID: 36474775         Name of Employer       Occupation       Date of Receipt         Set Employed       Doctor of Optometry         Receipt For:       Agregate Year-to-Date ▼         Other (specify) ▼       State       Zip Code         Set Employed       Doctor of Optometry         Receipt For:       Agregate Year-to-Date ▼       Date of Receipt         Other (specify) ▼       State       Zip Code         Germantown       TN       38138-2531         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         Set Employed       Doctor of Optometry         Receipt For:       Agregate Year-to-Date ▼         Pinnary       General       Other (specify) ▼         Other (specify) ▼       Occupation       Transaction ID: 36474775         Mailing Address 2001 E 775 S       Other (specify) ▼       Occupation         Mailing Address 2001 E 775 S       Other (specify) ▼       2013       Transaction ID: 36474775         Name of Employer       Occupation       Other (specify) ▼	н.				- '		_	· ·	) / Y	Y	Y	Y
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	American Optometric Associatio										
Α.	Full Name (Last, First, Middle Initial) Dr Scott Burks				Date of	Be	ceipt				
	Mailing Address Po Box 1351				M M			/ Y	Y	Y	Y
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	City Buffalo	State MO	Zip Code 65622-1351					36474778			
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— В.	Full Name (Last, First, Middle Initial) Dr Michelle Wika Chaney				Date of	Re	eceipt				
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	City Fort Collins	State CO	Zip Code 80521-7542					36474779			
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с.	Full Name (Last, First, Middle Initial) Dr Robert Craig Janot				Date of	Re	eceipt				
	Mailing Address 100 Orchard St				м м 09	/	22	/ Y	y 201	Y 13	Y
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or	for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	uuress or any political committee	ະ ເບ SO	IICIT COI	מוזוו	outions f	IOTT SUCH	CO		<del>.</del>	
$\rangle$	American Optometric Associat	ion Politica	al Action Committee								
A.	Full Name (Last, First, Middle Initial) Dr Matthew Maki				Date of	Re	eceipt				
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	City Williamston	State MI	Zip Code 48895-1119	,				3647478 eceipt thi		eriod	
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в.	Full Name (Last, First, Middle Initial) Dr Joseph J Jordan Jr				Date of	Re	eceipt				
	Mailing Address 971 Suncook Valley Rd				м м 09	/	23	/ Y		)13	Y
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C.	Full Name (Last, First, Middle Initial) Dr Paul Anton Hodge	1			Date of	Re	eceipt				
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$\setminus$	NAME OF COMMITTEE (In Full)										
$ \rangle$	American Optometric Association	on Politica	al Action Committee								
A.	Full Name (Last, First, Middle Initial) DR Barry Barresi				Date of	Re	ceipt				
	Mailing Address 659 Spyglass Summit Dr				M M	/	DD	/ Y	Y Y		1
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в.	Full Name (Last, First, Middle Initial) Dr Ron Benner				Date of	Re	ceipt				
	Mailing Address 1408 E Maryland Ln				м м 09	/	23	/ Y	2013	Y	1
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С.	Full Name (Last, First, Middle Initial) Dr Rebecca H Wartman				Date of	Re	ceipt				
	Mailing Address 46 Lambeth Walk				м м 09	/	D D 23	/ Y	2013	Y	
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	NAME OF COMMITTEE (In Full) American Optometric Associatio								<u></u>		
A.	Full Name (Last, First, Middle Initial) Dr Jeff A Hayden				Date of	Re	eceipt				
	Mailing Address 679 Plumtree Ln				м м 09	/	23			013	Y
	City Fenton	State MI	Zip Code 48430-4207				-	: 364747 Receipt 1	-	Period	
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B.	Full Name (Last, First, Middle Initial) Dr Chris R Fields				Date of	Re	eceipt				
	Mailing Address 173 Peterkin Hill Rd				м м 09	1	D 23		2(	013	Y
	City S Woodstock	State VT	Zip Code 05071-4500					: 364747 Receipt t		Period	
	FEC ID number of contributing federal political committee.	С					7	7		167	00
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1503.00								
с.	Full Name (Last, First, Middle Initial) Dr Elizabeth Heaston Thompson				Date of	Re	eceipt				
	Mailing Address 2426 MORENCY DR				м м 09	/	23			ү 013	Y
	City RICHLAND	State WA	Zip Code 99352-5003					: 364795 Receipt 1		Period	
	FEC ID number of contributing federal political committee.	С					, .			250	.00
	Name of Employer	Occupation									
	Self Employed Receipt For:	Doctor of O		_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
s	UBTOTAL of Receipts This Page (optional)		······ )				7			517.	00
т	OTAL This Period (last page this line number of	only)					,				

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check or	nly or	ie)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b 14	11c	12	Г	47
Any information copied from such Reports and a or for commercial purposes, other than using th			erson for the		oose of				
NAME OF COMMITTEE (In Full)									
American Optometric Associati	on Politica	al Action Committee							
Full Name (Last, First, Middle Initial) A. Dr Jacqueline Bowen			Date	of Re	ceipt				
Mailing Address 3930 W 19th Street Ln			09	M /	D D D 24	/ Y	2013	Y	1
City	State	Zip Code	Tran	sacti	on ID :	3647990			
Greeley	CO	80634-3446	Amou	nt of	Each R	eceipt th	is Perio	d	
FEC ID number of contributing federal political committee.	С				9		Ę	50.00	נ
Name of Employer	Occupation		_						
Self Employed	Doctor of O	ptometry							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		450.00							
Other (specify)		1 1							
Full Name (Last, First, Middle Initial) B. Dr Shira Pipkin	I		Date	of Re	ceipt				
Mailing Address 3587 Buffalo Ave			09		24	/ Y	2013	Y	1
City	State	Zip Code	Tran	sacti		3647990			
Broomfield	CO	80020-9016	Amou	nt of	Each R	eceipt th	is Peric	d	
FEC ID number of contributing federal political committee.	С				9		2	25.00	)
Name of Employer Self Employed	Occupation								
Receipt For:	Doctor of O	•	_						
Primary General	Aggregate	Year-to-Date ▼							
Other (specify) ▼		, 225.00							
Full Name (Last, First, Middle Initial) C. Dr Pierre J Anctil	l		Date	of Re	ceipt				
Mailing Address 12 Garden Dr			09		24	/ Y	2013	Y	1
City	State	Zip Code		sacti		3647990	_		
Colorado Spgs	CO	80904-4414	Amou	nt of	Each R	eceipt th	is Peric	d	
FEC ID number of contributing federal political committee.	С				7		ę	50.00	D
Name of Employer	Occupation		_						
Self Employed	Doctor of O	ptometry							
Receipt For:	Aggregate	Year-to-Date <b>V</b>							
Primary General		450.00							
Other (specify)		400.00							
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number				-	7		12	5.00	

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			Detailed Summary Page		< 11a 13	$\vdash$	11b 14	11c		12	<b>□</b> 4 →
Ar	ny information copied from such Reports and S	statements ma	ly not be sold or used by any p	erson	for the	pur	pose of	soliciting	соі	16 ntribut	17 ions
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to so	olicit col	ntrib	outions fr	rom such	n co	mmitte	ee.
	NAME OF COMMITTEE (In Full) American Optometric Association	on Politica	al Action Committee								
/	Full Name (Last, First, Middle Initial)										
Α.					Date of	f Re	eceipt				
	Mailing Address 8611 E OTERO PL				м м 09	/	D D D	/ Y		) 013	Y
	City	State	Zip Code			acti		3647990			
	CENTENNIAL	CO	80112-3317		Amount	t of	Each R	eceipt thi	is P	eriod	
	FEC ID number of contributing federal political committee.	С				_	7			50.	00
	Name of Employer	Occupation		$\neg$							
	Self Employed	Doctor of O	ptometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)	450.00	] _								
<u></u>	Full Name (Last, First, Middle Initial) Dr Eric J Bohjanen			+	Date of	i Re	eceipt				
-	Mailing Address 2145 Academy Cir				09		24	/ Y		)13	Y
	City	State	Zip Code			acti		36479906			
	Colorado Spgs	CO	80909-1658		Amount	t of	Each R	eceipt thi	is P	eriod	
	FEC ID number of contributing federal political committee.	С				_	5			25.	00
	Name of Employer	Occupation									
	Self Employed	Doctor of O	otometry								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	]							
с.	Full Name (Last, First, Middle Initial) Dr Dori Carlson				Date of	f Re	eceipt				
	Mailing Address 121 Briggs Ave N				м м 09	] ′	D D 24	/ Y		)13	Y
	City	State	Zip Code		Trans	act	ion ID :	3647990			
	Park River	ND	58270-4507		Amount	t of	Each R	eceipt thi	is P	Period	
	FEC ID number of contributing federal political committee.	С				_	7		_	166	.67
	Name of Employer	Occupation		$\neg$							
	Self Employed	Doctor of O	ptometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			1							
	Other (specify)		1500.03	J							
s	SUBTOTAL of Receipts This Page (optional)			► -		-	7	- J		241.	67
т	TOTAL This Period (last page this line number	only)	•••••••	•			7				

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			Detailed Summary Page		< 11a 13		11b 14	11c	$\vdash$	12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	solicitir		ontribut	ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Associatio	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Steven Thomas Reed Mailing Address 4550 Simpson Highway 28 W				Date of	_	eceipt 24			2013	Y
	City Magee FEC ID number of contributing	State MS	Zip Code 39111-5187	_			ion ID : Each R				00
	federal political committee. Name of Employer Self Employed Receipt For:	Occupation Doctor of O Aggregate			L		7			90.	00
	Other (specify) ▼		810.00								
В.	Full Name (Last, First, Middle Initial) Dr Randall Hoch Mailing Address 206 Fox Farm Rd				Date of	f Re	eceipt 24		ΥΥ 2'	013	Y
	City Lewistown FEC ID number of contributing	State MT	Zip Code 59457-8696	_			i <b>on ID :</b> Each R				
	federal political committee. Name of Employer	Occupation			<u> </u>		7	7	_	100.	00
	Self Employed         Receipt For:         Primary       General         Other (specify) ▼	Doctor of O	otometry Year-to-Date ▼ 500.00								
C.	Full Name (Last, First, Middle Initial) Dr Ashley Mc Ferron Mailing Address 5079 W Sunset Dr			_	Date of	f Re	eceipt		Y Y	(Y	Y
	City Lake Oswego	State OR	Zip Code 97035-4253	_	09 Trans		25 ion ID : Each R	364804	20 119	013	·
	FEC ID number of contributing federal political committee.	С					1			41.	.67
	Name of Employer Self Employed Receipt For:	Occupation Doctor of O	ptometry								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 875.03								
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т	OTAL This Period (last page this line number	only)		•			,				

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			Detailed Summary Page		11a 13	$\vdash$	11b 14	11c	$\vdash$	12 16	17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p ddress of any political committee	erson e to so	for the licit cor	pur ntrib	pose of outions f	soliciting	g co h cc	ntribut mmitt	ions ee.
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Charles Atwell Mailing Address 238 Chasse Cir				Date of		· .	) / Y	Y	Ŷ	Y
	City	State	Zip Code		09		25	3648042		013	
	St Charles FEC ID number of contributing	L	60174-1418	_	Amount	t of	Each R	leceipt th	nis F		
	federal political committee.	С				-	7			42	.00
	Name of Employer	Occupation									
	Self Employed Receipt For:	Doctor of O		_							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 378.00	1							
В.	Full Name (Last, First, Middle Initial) Dr Rustin Hatch				Date of	Re	eceipt				
	Mailing Address 1425 EVERGREEN DR				м м 09	1	25	/ Y		у 013	Y
	City	State	Zip Code					3648042			
	TWIN FALLS	ID	83301-3423	-  '	Amount	t of	Each R	leceipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С								53.	33
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 479.97								
с.	Full Name (Last, First, Middle Initial) Dr John Bowen				Date of	Re	eceipt				
	Mailing Address 2570 Northshore Blvd Ste 200	)			м м 09	/	25	) / Y		у 013	Y
	City Flower Mound	State TX	Zip Code 75028-8386					3648042 leceipt th		Period	
	FEC ID number of contributing federal political committee.	С					л. I			84	.00
	Name of Employer	Occupation									
	Self Employed	Doctor of C	ptometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		756.00								
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number						y			179.	33

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$\backslash$	NAME OF COMMITTEE (In Full)											
	American Optometric Association	on Politica	al Action Committee									
A.	Full Name (Last, First, Middle Initial) Dr Stacie Layne Virden			[	Date of	f Re	eceipt					
	Mailing Address 4324 Green Point Dr				м м 09	/	25	D /		y y 2013	Y	
	City	State	Zip Code		Trans	act	ion ID	36480	424			
	Waco	ТХ	76710-1406	/	Amount	t of	Each I	Receipt	this	Period		
	FEC ID number of contributing federal political committee.	С					7			90	91	]
	Name of Employer	Occupation										
	Self Employed	Doctor of O	ptometry									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		010.10									
	Other (specify)		818.19									
в.	Full Name (Last, First, Middle Initial) Dr Robert Owens				Date of	f Re	eceipt					
	Mailing Address 8 Century Ln				M M	/	D	D /	Y	Y Y	Y	
					09		25	5	2	2013		
	City	State	Zip Code		Trans	acti	ion ID :	36480	425			
	Newmanstown	PA	17073-8982	A	Amount	t of	Each I	Receipt	this	Period		
	FEC ID number of contributing federal political committee.	С					7	7		50.	00	
	Name of Employer	Occupation										
	Self Employed	Doctor of O	ptometry									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		450.00									
	Other (specify)		450.00									
С.	Full Name (Last, First, Middle Initial) Dr Frederick Darin			[	Date of	f Re	eceipt					
	Mailing Address 405 TIRRELL RD				м м 09	1	25			2013	Y	
	City	State	Zip Code		Trans	sact	ion ID	: 36480	426			
	CHARLOTTE	MI	48813-2131	A	Amoun	t of	Each I	Receipt	this	Period		
	FEC ID number of contributing federal political committee.	С					7	,		83	.33	
	Name of Employer	Occupation		_								
	Self Employed	Doctor of O	ptometry									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	33 - 3										
	Other (specify)		749.97									
$\vdash$	UBTOTAL of Receipts This Page (optional)			•			y			224.	24	1
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or	for commercial purposes, other than using th	e name and a	ddress of any political committee	e to so	licit cor	ntribu	itions f	rom such	comm	ittee.				
$\backslash$	NAME OF COMMITTEE (In Full)													
/	American Optometric Associati	ion Politica	al Action Committee											
Α.	ull Name (Last, First, Middle Initial) Dr Mamie Cassandra Chan				Date of Receipt									
	Mailing Address 13713 Vic Rd NE													
	City State Zip Code					09 25 2013 Transaction ID : 36480427								
	Albuquerque	NM	87112-6602		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			50.00									
	Name of Employer Occupation													
	Self Employed         Doctor of Optometry           Receipt For:         Aggregate Year to Date T													
	Primary General Aggregate Year-to-Date ▼													
	Other (specify) ▼		450.00											
B.	Full Name (Last, First, Middle Initial) Dr Mark R Lee				Date of	f Rec	ceipt							
	Mailing Address Po Box 184				м м 09	/	D D D 25	/ Y	ү ү 2013	Y	1			
	City State Zip Code Blue Diamond NV 89004-0184					actio	on ID :	36480428	\$					
	Blue Diamond		Amount	t of E	Each R	eceipt thi	s Peric	d						
	FEC ID number of contributing federal political committee.	С			30.00									
	Name of Employer Occupation													
	Self Employed													
	Receipt For:	Year-to-Date ▼												
	Primary General	070.00	11.											
	Other (specify)		270.00	4										
C.	Full Name (Last, First, Middle Initial) Dr Christopher Colburn					f Rec	ceipt							
	Mailing Address 30 Winchester Rd				м м 09	/	25	/ Y	y y 2013	Y	1			
	City	State Zip Code					Transaction ID : 36480429							
	Lakewood	NY	14750-1734		Amount	t of E	Each R	eceipt thi	s Peric	d				
	FEC ID number of contributing federal political committee.	С			83.34					L.				
	Name of Employer Occupation													
	Self Employed													
	Receipt For:	Aggregate	Year-to-Date ▼		1									
	Primary General	11.												
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	EMIZED RECEIPTS		for each catego Detailed Summa		X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and S for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) American Optometric Associatio	on Politica	al Action Com	nmittee	
А.	Full Name (Last, First, Middle Initial) Dr Robert M Theaker Mailing Address 12 Wyndemere Vale				Date of Receipt
	City	State CA	Zip Code 93940-5811		09 25 2013 Transaction ID : 36480431
	Monterey FEC ID number of contributing federal political committee.	C	93940-3611		Amount of Each Receipt this Period
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of O Aggregate		1500.00	
В.	Full Name (Last, First, Middle Initial) Dr Mario Joseph Contaldi Mailing Address 7728 Mid Cities Blvd				Date of Receipt
	City N Richlnd HIs FEC ID number of contributing federal political committee.	State TX	Zip Code 76180-4621		09 25 2013 Transaction ID : 36480432 Amount of Each Receipt this Period 90.91
	Name of Employer Self Employed	Occupation Doctor of O			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1018.19	
с.	Full Name (Last, First, Middle Initial) Dr Robert Carl Layman				Date of Receipt
	Mailing Address 4937 Homerdale Ave				M M / D D / Y Y Y Y Y 09 26 2013
	City Toledo	State OH	Zip Code 43623-2930		Transaction ID : 36486016 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer	Occupation	1		
	Self Employed	Doctor of C	ptometry		
	Receipt For:	Aggregate	Year-to-Date ▼	1500.00	
	UBTOTAL of Receipts This Page (optional)				1090.91

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		Detailed Summary Page		11a 13		11b 14	11c		12 16	17					
Any information copied from such Reports and a or for commercial purposes, other than using the				or the		pose of	soliciting		ntribut	ions					
NAME OF COMMITTEE (In Full) American Optometric Associati															
Full Name (Last, First, Middle Initial) Dr Audie M Teague Jr Mailing Address 105 Friar Tuck Ln			[	Date of	_	· .	/ Y	Y	Y	Ŷ					
City	State	Zip Code		09 Trans	acti	26 ion ID :	3648601		013						
Prescott FEC ID number of contributing federal political committee.	AR	71857-2608	Amount of Each Receipt this Period												
Name of Employer Self Employed Receipt For:	Occupation Doctor of O														
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 756.00													
Full Name (Last, First, Middle Initial) B. Dr Douglas J Walker				Date of	Re	·									
Mailing Address Po Box 988 	State	Zip Code		м – м 09 Тторо	/ 	26			13	Y					
Brookings	OR	97415-0021	Transaction ID : 36490968 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C						- 7		25.	00					
Name of Employer Self Employed	Occupation Doctor of O														
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00													
Full Name (Last, First, Middle Initial) C. Dr C. Thomas Crooks III				Date of	Re	eceipt									
Mailing Address 1229 Highland Lakes Trl				м м 09	/	27	/ Y		)13	Y					
City Birmingham	State AL	Zip Code 35242-6886					3649123 eceipt th		eriod						
FEC ID number of contributing federal political committee.	С						7		50	.00					
Name of Employer	Occupation														
Self Employed	Doctor of O	ptometry													
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00													
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number				-	-	7			159.	00					

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Any information copied from such Reports and	Statements ma	av not be sold or used by any no		13 for the		14 Dose of	15 soliciti		16 Intribut	ions
or for commercial purposes, other than using th										
NAME OF COMMITTEE (In Full)		_								
American Optometric Associat	ion Politica	al Action Committee								
Full Name (Last, First, Middle Initial) A. Dr Maryjane Healey				Date of	Re	ceipt				
Mailing Address 6710 124Th PI Se				м м 09	/	27	D /		013	Y
City	State	Zip Code		Trans	acti	on ID :	36491	231		
Snohomish	WA	98296-8649	_	Amount	of	Each F	Receipt	this F	Period	
FEC ID number of contributing federal political committee.	С					7			200	.00
Name of Employer	Occupation									
Self Employed	Doctor of O	ptometry								
Receipt For:	Aggregate	Year-to-Date ▼	_							
Other (specify) ▼		1800.00								
Full Name (Last, First, Middle Initial) B. Dr Willa A Hisle	1			Date of	Re	ceipt				
Mailing Address 30 Portola Ave				M M	/	D			Y	Y
City	State	Zip Code	-	09 Trans	acti	27 on ID :	364912		013	
Monterey	CA	93940-3732		Amount					Period	
FEC ID number of contributing federal political committee.	С					7			125.	00
Name of Employer	Occupation		_							
Self Employed	Doctor of O	ptometry								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		375.00								
Full Name (Last, First, Middle Initial) C. Dr Jeffrey L Kegarise				Date of	Ba	ceint				
Mailing Address 620 Burghley Ln				09	/	16			013	Y
City	State	Zip Code		Trans	acti	on ID :	36491			
Franklin	TN	37064-8231		Amount	of	Each F	Receipt	this F	Period	
FEC ID number of contributing federal political committee.	С					7			1000	.00
Name of Employer	Occupation		$\neg$							
Self Employed	Doctor of O	ptometry								
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Other (specify)		1000.00								
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			Detailed Summary Page		11a		11b	11c	$\vdash$	12	<b>_</b>					
Ar	y information copied from such Reports and S	Statements ma	L ay not be sold or used by any p	erson f	13 or the	pur	14 pose of	15 soliciting	cor	16 htribut	ions					
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to so	licit cor	ntrib	outions f	rom such	CO	mmitt	ee.					
	NAME OF COMMITTEE (In Full) American Optometric Association	on Politic:	al Action Committee													
	•															
Α.	Full Name (Last, First, Middle Initial) Dr Paul Bryan Stauder				Date of	Re	eceipt									
	Mailing Address 8 Victory Ln				M M	/		/ Y		Y	Y					
	City	State	Zip Code	_	09 Trans	act	16	36491352		)13						
	Fairfield	IL	62837-1363	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С		300.00												
	Name of Employer	Occupation														
	Self Employed	Doctor of O	ptometry													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Other (specify)		300.00	]												
В.	Full Name (Last, First, Middle Initial) Dr John Allen Godfrey				Date of	Re	eceipt									
	Mailing Address 328 MANOR RD				м м 09	/	D D D	/ Y	ү 20	13	Y					
	City	State	Zip Code		Trans	acti	ion ID : :	36491354	•							
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	FEC ID number of contributing federal political committee.	С					7			500.	00					
	Name of Employer Self Employed	Occupation Doctor of O														
	Receipt For:		, ,													
	Primary General	Aggregate	Year-to-Date ▼													
	Other (specify)		, 500.00													
С.	Full Name (Last, First, Middle Initial) Dr Lillian T Kalaczinski				Date of	Re	eceipt									
	Mailing Address 7421 Treeline Dr Se				м м 09	/	28	/ Y		13	Y					
	City	State	Zip Code		Trans	act	ion ID :	36492349								
	Grand Rapids	MI	49546-7465	/	Amount	t of	Each R	eceipt thi	s P	eriod						
	FEC ID number of contributing federal political committee.	С					, .			25	.00					
	Name of Employer	Occupation														
	Self Employed	Doctor of C	ptometry													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General	33 - 3		11												
	Other (specify)		225.00													
s	UBTOTAL of Receipts This Page (optional)						7			825.	00					
т	OTAL This Period (last page this line number	only)					,									

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(check only one)

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	-15	for each category of the Detailed Summary Page	
			13     14     15     16     17       erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE American Opton	e (In Full) netric Association Politica	al Action Committee	
A. Full Name (Last, First, Dr Sue Lowe Mailing Address 1704 S			Date of Receipt
City Laramie	State WY	Zip Code 82070-8932	Transaction ID : 36492350 Amount of Each Receipt this Period
FEC ID number of cont federal political committ			166.67
Name of Employer Self Employed Receipt For: Primary Other (specify) ▼	General Occupation		
B. Full Name (Last, First, Dr Peter H Kehoe Mailing Address 789 N	·		Date of Receipt
City Galesburg FEC ID number of cont federal political committ		Zip Code 61401-2766	Transaction ID : 36492353         Amount of Each Receipt this Period         175.00
Name of Employer         Self Employed         Receipt For:         Primary         Other (specify) ▼	General		
Full Name (Last, First, C. Dr Lynn Davis Mailing Address 6546 J			Date of Receipt
City ALBUQUERQUE	State NM	Zip Code 87114-6120	Transaction ID : 36492354           Amount of Each Receipt this Period
FEC ID number of cont federal political committ	U U U U U U U U U U U U U U U U U U U		83.34
Name of Employer Self Employed	Occupation Doctor of C		
Receipt For: Primary Other (specify) ▼	General Aggregate	Year-to-Date ▼ 750.06	
SUBTOTAL of Receipts 7	his Page (optional)	······ •	425.01
TOTAL This Period (last	page this line number only)	••••••	

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11	EMIZED RECEIPTS	for each category of the Detailed Summary Page					11b	11c		2	
	ny information copied from such Reports and s for commercial purposes, other than using th								g cont		
$\overline{)}$	NAME OF COMMITTEE (In Full)										
$\rangle$	American Optometric Associati	on Politica	al Action Committee								
A.	Full Name (Last, First, Middle Initial) Dr Andrea P Thau				Date of	Re	ceipt				
	Mailing Address 145 E 84Th St				M M	1		/ Y		Y V	
	Apt 11A City	State	Zip Code		09 Trans	acti	28	3649235	201 57	13	
	New York	NY	10028-2058	_				eceipt th		riod	
	FEC ID number of contributing federal political committee.	С					y			166.6	57
	Name of Employer	Occupation									
	Self Employed	Doctor of O	ptometry								
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Primary   General     Other (specify)   V		1500.03								
В.	Full Name (Last, First, Middle Initial) Dr Paul W Bohac				Date of	Re	ceipt				
	Mailing Address 5775 Wyncliff Rd				м м 09	/	28	/ Y	y 201	3	
	City	State	Zip Code				-	3649235	-		
	N Charleston	SC	29418-5220		Amount	of	Each R	eceipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С				_	,	,		33.3	4
	Name of Employer Self Employed	Occupation									
	Receipt For:	Doctor of O	•								
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		300.06								
с.	Full Name (Last, First, Middle Initial) Dr Robert A Sorensen				Date of	Re	ceipt				
	Mailing Address 11528 N Avondale Loop				м м 09	/	28	/ Y	y 201		
	City	State	Zip Code		Trans	acti	ion ID :	3649236	62		
	Hayden	ID	83835-9142		Amount	of	Each R	eceipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С					y			126.0	00
	Name of Employer	Occupation									
	Self Employed	Doctor of O	ptometry								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		378.00								
	<b>OTAL</b> This Period (last page this line number			► -	<u> </u>	_	3	- 7		326.0	1
L "	This I chou (last page this line hulliber	Jiny/	•••••••••••••••••••••••••••••••••••••••		land, and	1	7		1.00		- 1

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			Detailed Summary Page	×	11a 13	-	11b 14	11c	12	Г	17
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g contrik		IS
<u> </u>	NAME OF COMMITTEE (In Full) American Optometric Associatio										
A.	Full Name (Last, First, Middle Initial) Dr Thomas Lucas JR				Date o	of Re	eceipt				
	Mailing Address 2023 Sandy Point Rd				м м 09	/	28	) / Y	ү ү 2013	Y	
	City Harker Hts	State TX	Zip Code 76548-8680					3649236 Receipt th		d	
	FEC ID number of contributing federal political committee.	С					,		20	00.00	
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1800.00	]							
В.	Full Name (Last, First, Middle Initial) Dr Carey Patrick				Date o	f Re	eceipt				
	Mailing Address 970 Patrician Ct	01-1-1-	7. 0.1		м м 09		28		2013	Y	
	City Fairview	State TX	Zip Code 75069-8781					3649236 Receipt th		d	
	FEC ID number of contributing federal political committee.	С					,		1(	00.00	
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	]							
c.	Full Name (Last, First, Middle Initial) Dr Mira Swiecicki				Date o	of Re	eceipt				
	Mailing Address 664 Clark Rd				м м 09	/	28	) / Y	2013	Y	
	City Bellingham	State WA	Zip Code 98225-7842					3649236 Receipt th		d	
	FEC ID number of contributing federal political committee.	С					7		16	62.00	
	Name of Employer	Occupation									
	Self Employed Receipt For:	Doctor of O	. ,	_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1518.22	1							
S	UBTOTAL of Receipts This Page (optional)						7	7	46	2.00	
т	OTAL This Period (last page this line number of	only)								-	

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	EINIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a		11b	11c		12	
			Detailed Suttituary Faye		13		14	15		16	17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any ddress of any political committ	person ee to s	for the solicit cor	purp ntribı	ose of utions f	soliciting	cor co	ntribut mmitte	ions ee.
$\rangle$	NAME OF COMMITTEE (In Full) American Optometric Associatio	on Politica	al Action Committee								
A.	Full Name (Last, First, Middle Initial) Dr Derek Louie				Date of	f Red	ceipt				
	Mailing Address 5079 W Sunset Dr	State	Zip Code		м м 09		28		20	)13	Y
	Lake Oswego	OR	97035-4253					3649236 Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					,			42.	00
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 378.00								
в.	Full Name (Last, First, Middle Initial) Dr Steven Leon Haleo				Date of	f Red	ceipt				
	Mailing Address 458 Cranborne Chase				м м 09	/	28	) / Y		13	Y
	City Fort Mill	State SC	Zip Code 29708-7922					3649237 Receipt th	-	oriod	
	FEC ID number of contributing federal political committee.	С					_acii n		15 F	30.	42
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 273.78								
с.	Full Name (Last, First, Middle Initial) Dr Lanny Duclos JR				Date of	f Red	ceipt				
	Mailing Address 3795 SUN VALLEY DR				м м 09	/	D 1	) / Y		) 13	Y
	City GRANTSVILLE	State UT	Zip Code 84029-8512					3649237 Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					,	7	_	50.	.00
	Name of Employer	Occupation									
	Self Employed	Doctor of O	ptometry								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_							
	Other (specify) ▼		450.00								
s	UBTOTAL of Receipts This Page (optional)			•			,			122.4	42
т	OTAL This Period (last page this line number	only)		•			,		_		

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c		2	47
	y information copied from such Reports and Si for commercial purposes, other than using the								g cont		
$\setminus$	NAME OF COMMITTEE (In Full)										
$ \rangle$	American Optometric Association	on Politica	al Action Committee								
A.	Full Name (Last, First, Middle Initial) Dr Jason Ortman				Date of	f Re	ceipt				
	Mailing Address 8085 E Byers Ave				M M	/	DD	) / Y		Y	r
	City	State	Zip Code	_	09 Trans	acti	28 ion ID :	3649237	201 7 <b>4</b>	3	
	Denver	CO	80230-6755	_				leceipt th		riod	
	FEC ID number of contributing federal political committee.	С					,			125.0	00
	Name of Employer	Occupation									
	Self Employed	Doctor of O	otometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		375.00								
в.	Full Name (Last, First, Middle Initial) Dr Trevor Cleveland				Date of	f Re	ceipt				
	Mailing Address 3726 Robbie St				м м 09	/	28	/ Y	201	3	
	City	State	Zip Code				-	3649237	-		_
	Eugene	OR	97404-1996	_	Amoun	t of	Each R	leceipt th	nis Pei	riod	_
	FEC ID number of contributing federal political committee.	С			L.		7	7		167.0	0
	Name of Employer Self Employed	Occupation									
	Receipt For:	Doctor of Op	Year-to-Date ▼	_							
	Primary General Other (specify) ▼	Aggregate	801.00								
<u> </u>	Full Name (Last, First, Middle Initial) Dr Richard Edlow				Date of	f Re	ceipt				
	Mailing Address 8913 GRIFFIN WAY				м м 09		28	) / Y	y 201		
	City	State MD	Zip Code					364923			_
	BALTIMORE	IVID	21208-1424	_	Amoun	t of	Each R	leceipt th	nis Pei	riod	_
	FEC ID number of contributing federal political committee.	С			L.		7	7		82.6	64
	Name of Employer	Occupation									
	Self Employed Receipt For:	Doctor of O		_							
	Primary General	Aggregate	Year-to-Date ▼	11							
	Other (specify)	L	752.12								
s	UBTOTAL of Receipts This Page (optional)			•			л	. 7	;	374.6	4
Т	OTAL This Period (last page this line number of	only)		•							

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			Detailed Summary Page		11a	$\vdash$	11b 14	11c		12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the							soliciting			ions
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Associatio	on Politica	al Action Committee								
<b>A</b> .	Full Name (Last, First, Middle Initial) Dr David Frazee Mailing Address 4962 Shoreline Dr				Date o				V	V	V
	City	State	Zip Code		09		28		20 <b>33</b>	13	
	Frisco	ТХ	75034-4058		Amoun	t of	Each F	Receipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С					7	7	_	200.	00
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1600.00	]							
в.	Full Name (Last, First, Middle Initial) Dr Rodney Fair Mailing Address 1169 CONEFLOWER WAY				Date o		eceipt	) / Y	Y	Y	Ŷ
	City	State	Zip Code		09		28		201	13	
	BRIGHTON	CO	80601-6785					3649238 Receipt th		eriod	
	FEC ID number of contributing federal political committee.	С					7		_	41.	67
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 383.34								
C.	Full Name (Last, First, Middle Initial) Dr Hilaire Pressley				Date o	f Re	eceipt				
	Mailing Address 8635 W Sahara Ave				M M	/	28		201	ү 13	Y
	City Las Vegas	State NV	Zip Code 89117-5858					3649238			
	FEC ID number of contributing federal political committee.	С			Amoun	tor	Each F	Receipt th	IS PE	50.	00
	Name of Employer	Occupation									
	Self Employed	Doctor of O	, ,								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00								
s	UBTOTAL of Receipts This Page (optional)			•			7	· ·	-	291.	67
Т	OTAL This Period (last page this line number	only)					7		_		

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13		11b 14	11	- H	12	17					
	y information copied from such Reports and for commercial purposes, other than using the				for the		pose of	f solic	iting c	ontribu	tions					
	NAME OF COMMITTEE (In Full) American Optometric Associati															
A.	Full Name (Last, First, Middle Initial) Dr David M Redman Mailing Address 795 Foxhill Cir				Date of		eceipt	D /	Y	YYY	Y					
	City Hollister	State CA	Zip Code 95023-9747				28 ion ID :	: 3649	2387	2013 Deried						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period												
	Name of Employer Self Employed Receipt For:	Occupation Doctor of O	ptometry													
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.03	1												
в.	Full Name (Last, First, Middle Initial) Dr Kevin Gee	1			Date of	f Re	eceipt									
	Mailing Address 9119 Highway 6 Ste 200	State	Zip Code	09 28 2013 Transaction ID : 36492388												
	Missouri City	TX	77459-4876				Each F			Period						
	FEC ID number of contributing federal political committee.	С					7		,	181	_					
	Name of Employer Self Employed	Occupation Doctor of O														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1454.98	]												
с.	Full Name (Last, First, Middle Initial) Dr Deborah Bernay				Date of	f Re	eceipt									
	Mailing Address 1702 RUSTIC OAK LN				м м 09	/	28			y y 2013	Y					
	City SEABROOK	State TX	Zip Code 77586-4556				t <b>ion ID</b> : Each F			Period						
	FEC ID number of contributing federal political committee.	С					7		,	120	0.00					
	Name of Employer	Occupation														
	Self Employed	Doctor of C	ptometry													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 960.00	1												
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number					-	7		y	343	.55					

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			Detailed Summary Page		11a 13	$\vdash$	11b 14	11c	12	17
	y information copied from such Reports and St for commercial purposes, other than using the				or the		pose o	f soliciting	g contrib	utions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Associatio	n Politica	al Action Committee							
A.	Full Name (Last, First, Middle Initial) Dr Kristofer K Thornton				Date of	Re	eceipt			
	Mailing Address 2023 Cumberland Dr				м м 09	1	28		ү ү 2013	Y
	City Longview	State TX	Zip Code 75601-3412					3649239 Receipt th		d
	FEC ID number of contributing federal political committee.	С					7		5	0.00
	Name of Employer Self Employed	Occupation Doctor of O								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00							
в.	Full Name (Last, First, Middle Initial) Dr Ronald Danner			1	Date of	Re	eceipt			
	Mailing Address 1111 W Victory Way Ste 110	Chata	Zia Ocada		м м 09	1	28		2013	Y
	Craig	State CO	Zip Code 81625-2954					3649239 Receipt th		d
	FEC ID number of contributing federal political committee.	С					7	7	3	3.75
	Name of Employer Self Employed	Occupation Doctor of O								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 202.50							
с.	Full Name (Last, First, Middle Initial) Dr Michael Bennett				Date of	Re	eceipt			
	Mailing Address 4940 Victoria Pl				м м 09	/	28		y y 2013	Y
	City Guthrie	State OK	Zip Code 73044-8668					: 3649239 Receipt th		d
	FEC ID number of contributing federal political committee.	C					7			6.67
	Name of Employer	Occupation								
	Self Employed Receipt For:	Doctor of O		_						
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.03							
s	UBTOTAL of Receipts This Page (optional)		••••••	•			, ,		25	0.42
т	OTAL This Period (last page this line number c	only)	•				,			

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			Detailed Summary Page		11a 13		11b 14	11c	12		17
	y information copied from such Reports and s for commercial purposes, other than using the							f soliciting	g contrik		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Associati	on Politica	al Action Committee								
A.	Full Name (Last, First, Middle Initial) Dr David W Wineland				Date of	_					
	Mailing Address 8400 Concord Rd				09		19		2013	Ŷ	
	City Johnstown	State OH	Zip Code 43031-8154	/				3649243 Receipt th		d	
	FEC ID number of contributing federal political committee.	С					7		12	27.25	
	Name of Employer	Occupation									
	Self Employed Receipt For:	Doctor of O	, ,								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1145.25	1							
В.	Full Name (Last, First, Middle Initial) Dr Bradley A Frederickson				Date of	f Re	eceipt				
	Mailing Address 2725 13Th Street PI Sw				м м 09	/	19		2013	Y	
	City	State	Zip Code	_	Trans	acti	ion ID :	3649243	32		
	Puyallup	WA	98373-6041	/	Amoun	t of	Each F	Receipt th	nis Peric	d	
	FEC ID number of contributing federal political committee.	С					7		40	00.00	
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00	1							
с.	Full Name (Last, First, Middle Initial) Dr William J Hoover				Date of	f Re	eceipt				
	Mailing Address 602 W Columbia Ct				м м	/	19		2013	Y	
	City Glenwood Spgs	State CO	Zip Code 81601-2854					: <b>364924</b> 3 Receipt th		d	
	FEC ID number of contributing federal political committee.	С			Amoun					50.00	
	Name of Employer	Occupation	1								
	Self Employed	Doctor of C	ptometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00	]							
	UBTOTAL of Receipts This Page (optional)					-	7	1 3	77	7.25	

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			Detailed Summary Page		11a 13	$\vdash$	11b 14	11c		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the							soliciting			ions
$\rangle$	NAME OF COMMITTEE (In Full) American Optometric Associatio	n Politica	al Action Committee								
A.	Full Name (Last, First, Middle Initial) Dr Robert Aube JR Mailing Address 7 AUTUMN CIR				Date of	_	· ·				
	City	State	Zip Code		09		27	JL	2	013	Y
	ROCKY HILL	CT	06067-2867					3649274 leceipt th		Period	
	FEC ID number of contributing federal political committee.	С					, .		_	91	.25
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 273.75	]							
В.	Full Name (Last, First, Middle Initial) Dr Donald Higgins Mailing Address 5 Belgravia Ter			_	Date of	f Re	eceipt	/ Y	Y	Y	Y
	City	State	Zip Code	_	09 Trans	acti	27 ion ID :	3649275		013	
	Farmington	СТ	06032-1550	/				leceipt th		Period	
	FEC ID number of contributing federal political committee.	С					,		_	500	00
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	]							
c.	Full Name (Last, First, Middle Initial) Dr Michael Leslie Weeden				Date of	Re	eceipt				
	Mailing Address 2701 Gaines Rd				м м 09	/	30	) / Y		)13	Y
	City Corinth	State MS	Zip Code 38834-5929					3649275 leceipt th		Period	
	FEC ID number of contributing federal political committee.	С					,		_	200	.00
	Name of Employer	Occupation		_							
	Self Employed	Doctor of O	ptometry								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	1							
s	UBTOTAL of Receipts This Page (optional)									791.	25
т	OTAL This Period (last page this line number o	nly)		•			,				

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Pag			11a 13		11b 14	11c 15	12 16	17
	ny information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) American Optometric Associatio	n Politica	al Action Committe	e							
Α.	Full Name (Last, First, Middle Initial)         Dr Harvey B Richman FAAO         Mailing Address       136 Main St					ate of	<sup>:</sup> Red	D . C	) / Y	Y Y	Y
	City Manasquan	State NJ	Zip Code 08736-3558						3649276 Receipt th		
	FEC ID number of contributing federal political committee.	С						,			1.67
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of O Aggregate		03							
В.	Full Name (Last, First, Middle Initial) Dr Mario Gutierrez Mailing Address 5622 Evers Rd Apt 203					ate of	Red	ceipt	) / Y	Y Y	Y
	City San Antonio FEC ID number of contributing federal political committee.	State TX	Zip Code 78238-1703						<u>3650599</u> Receipt th		_
	Name of Employer Self Employed Receipt For:	Occupation Doctor of O						7			
	Other (specify)		2000.0	00							
C.	Full Name (Last, First, Middle Initial) Dr Ronald Hall Mailing Address 170 MANN SCHOOL RD				_	ate of	Red	ceipt		2013	Y
	City SMITHFIELD	State RI	Zip Code 02917-1413			Trans		on ID :	3650599 Receipt th	)7	<b></b>
	FEC ID number of contributing federal political committee.	С						,		40	0.00
	Name of Employer	Occupation									
	Self Employed	Doctor of O	ptometry								
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 400.	.00							
⊢	UBTOTAL of Receipts This Page (optional)					-		7		2441	1.67

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			Detailed Summary Page		< 11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and s for commercial purposes, other than using the				for the		pose of	solicitir		ontribut	ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Associati	on Politica	al Action Committee								
<b>A</b> .	Full Name (Last, First, Middle Initial) Dr John A Yoder Mailing Address 7930 N Forest Ave				Date of	_	eceipt	0 /	Y Y	Ý	Ŷ
	City	State	Zip Code	_	09 Trans	acti	30 ion ID :	365059		013	
	Kansas City FEC ID number of contributing federal political committee.	С	64118-1524		Amount	t of	Each R	Receipt	this F	Period 250.	.00
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	]							
в.	Full Name (Last, First, Middle Initial) Dr Melissa Dacumos				Date of	f Re	· ·				
	Mailing Address 833 SW 346TH ST	State	Zip Code	_	09	) <sup>/</sup>	30 30	11		013	Y
	FEDERAL WAY	WA	98023-8422				Each R			Period	
	FEC ID number of contributing federal political committee.	С					,	7	_	220.	00
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	]							
С.	Full Name (Last, First, Middle Initial) Dr Mike E Harris				Date of	f Re	eceipt				
	Mailing Address 1940 Kingsbury Dr				м м 09	1	30			013	Y
	City Casper	State WY	Zip Code 82609-3529				ion ID : Each R			Period	
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	Self Employed	Doctor of C	ptometry	_							
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# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 53 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(ch	eck only	y or	ne)	L			
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Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma	I ay not be sold or used by any p Iddress of any political committe	erson e to so	for the	pur ntrib	pose of	soliciting	g contrib	ution: ittee.	
NAME OF COMMITTEE (In Full)										
American Optometric Associati	ion Politica	al Action Committee								
Full Name (Last, First, Middle Initial) A. DR Dennis Lee Brindley				Date of	f Re	eceipt				
Mailing Address 5196 Cedar Dr				м м 09	/	30	) / Y	у у 2013	Y	
City Sault S Marie	State MI	Zip Code 49783-9422					3650610 Receipt th		d	
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$\setminus$	NAME OF COMMITTEE (In Full)															
	American Optometric Association I	Political	Action Com	mitte	e											
<u>А.</u>	Full Name (Last, First, Middle Initial) WellsFargo						I	Date of	f Di	sburse	əm	ent				
	Mailing Address 1650 Tyson Blvd.							м м 09	/	D 1	D 1	] /		013	Y	
	City	State	Zip Code					Trans	act	ion ID		36501	882			
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	Mailing Address PO Box 790251							09	/	C	D 05	/		2013	Y	
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$\square$	NAME OF COMMITTEE (In Full)													
	American Optometric Association F	Political Action Com	mitte	ee										
<u> </u>	Full Name (Last, First, Middle Initial)					_								
Α.	Bank of America							sburse		nt		Y		
	Mailing Address PO Box 790251					09	<i>n</i> 7	D 1		/ Y		013	Y	
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$\left \right $	NAME OF COMMITTEE (In Full)												
	American Optometric Association	Political	Action Com	mitte	e								
<u>د</u>	Full Name (Last, First, Middle Initial)												
Α.	Andy Barr For Congress, Inc.						Date of	f Dis					_
	Mailing Address PO Box 2059						09	/	0.			2013	Y
	,	State	Zip Code				Trans	actio	on ID	: 364	15042		
	Lexington Purpose of Disbursement	KY	40588										
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	Rep. Andy Barr           Office Sought:         Y         House         Disburse	ment For:	201.4	T	ype				,		7	2000	
	Senate President	Primary Other (spe	General				Candida	ate C	ontrib	oution			
	State: KY District: 06												
_	Full Name (Last, First, Middle Initial)												
в.	Enzi For Us Senate						Date of	_			N	V V	
	Mailing Address PO Box 2775						09	/	0		Y	2013	Y
	Cody	State WY	Zip Code 82414				Trans	sactio	on ID	: 364	15074		
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	Candidate Name			Cate	egor	ry/			-			25.0	2 00
	Sen. Mike B. Enzi				ype			-	,		7	250	5.00
		ment For: Primary Other (spe	General				Candida	ate C	ontrik	oution			
_	State: WY District:												
C.	Full Name (Last, First, Middle Initial) Hal Rogers For Congress						Date of	f Dis					
	Mailing Address P.O. Box 1214						м м 09	/	04			2013	Y
	City Somerset	State KY	Zip Code 42502				Trans	sactio	on ID	: 364	15142		
	Purpose of Disbursement			-									
	Candidate Contribution			C	)11		Amoun	t of E	Each	Disbu	rseme	nt this	Period
	Candidate Name Rep. Hal Dallas Rogers			Cate	egor ype							5000	0.00
		ment For:	2014		урс				5		7		
	State: 107 District: 25	Primary Other (spe	General				Candida	ate C	ontrib	oution			
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)	<b>- - - - -</b>											
	American Optometric Association I	Political	Action Com	mitte	e								
_	Full Name (Last, First, Middle Initial)						Data	-4 D			- 4		
А.	Blumenauer For Congress							_	sburse				
	Mailing Address 830 Ne Holladay, #105						09		D (	)7	/ ү	2013	Y
	City	State	Zip Code				Tra	neact	ion IF	) · 36	642766	8	
	Portland	OR	97232				mai	13001			-2100	0	
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	Office Sought: House Disburser Senate President State: OR District: 03	nent For: 2 Primary Other (spe	General				Candi	date	Contri	butic	n		
_	Full Name (Last, First, Middle Initial)												
В.	Hanabusa For Hawaii						Date	of Di	sburse	emei			
	Mailing Address P.O. Box 1416						M 09		D (	09	/ Y	2013	Y
	Honolulu	State HI	Zip Code 96806				Tra	nsact	tion IE	D : 30	642873	2	
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	Candidate Name			Cate	egoi	ry/						500	0.00
	Rep. Colleen W. Hanabusa			T	ype				7	-	7	500	0.00
		nent For: Primary Other (spe	General				Candi	date	Contri	butio	n		
c.	Full Name (Last, First, Middle Initial) Tiberi For Congress						Date	of Di	sburs	emei	nt		
	Mailing Address 2931 E Dublin Granville Road Suite 190						M 09		D (	)9	/ Y	ү ү 2013	Y
	City S Columbus	State OH	Zip Code 43231				Tra	nsact	tion ID	):30	642873	3	
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	Rep. Pat J. Tiberi				ype							250	0.00
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)	<b>-</b>														
	American Optometric Association I	Political	Action Com	mitte	e											
^	Full Name (Last, First, Middle Initial)							Data a	f D:/	huraa						
А.	Friends Of Joe Pitts							Date o	_							
	Mailing Address PO Box 775							09	ĺ	D 1	6			013	Ŷ	
	City	State	Zip Code					Trans	acti	ion ID	• 36	1631	11			
	Unionville	PA	19375					ITalia	acu		. 50	4031				
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	Rep. Joe R. Pitts			Ţ	ype	•		<u> </u>	-	7	-	7	-	200	5.00	_
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_	State: PA District: 16															
В.	Full Name (Last, First, Middle Initial) Mark Pocan For Congress							Date o	f Dis	sburse	emer	nt				
	Mailing Address PO Box 327							м м 09	/		D 6			013	Y	
	Madison	State WI	Zip Code 53701					Trans	sacti	ion ID	: 36	4631	17			
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		ment For: Primary Other (spe	2014 General cify) ▼					Candid	ate (	Contrit	butio	n				
c.	Full Name (Last, First, Middle Initial) Denham For Congress							Date o	f Dis	sburse	emer	nt				
	Mailing Address 2150 River Plaza Dr., #150							M M 09	/		D 6	/		013	Y	
	5	State CA	Zip Code 95833					Trans	sacti	ion ID	: 36	4633	801			
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	Candidate Name Rep. Jeff Denham			Cate										500	0.00	
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$\left  \right\rangle$	NAME OF COMMITTEE (In Full)			•••									
	American Optometric Association I	Political A	Action Com	mitte	e								
<u> </u>	Full Name (Last, First, Middle Initial)												
Α.	Progressive Choices PAC								isburs	_	_		
	Mailing Address PO Box 58						0	9		16	Y	2013	Y
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	Evanston	IL	60204				116	11540		. 504	00070	,	
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	Full Name (Last, First, Middle Initial)												
В.	Bilirakis For Congress						Date	of D	isburs	ement			
	Mailing Address PO Box 606						M C	9 9		D 18	Y	2013	Y
	City Starpon Springs	State FL	Zip Code 34688				Tra	ansac	tion II	D : 364	66573	3	
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		Primary Other (spec	General				Cano	didate	Contri	bution			
_	Full Name (Last, First, Middle Initial)												
C.	Gardner For Congress								isburs	ement			
	Mailing Address 9227 E. Lincoln Ave., #200-234						м 0	9 9		8	Y	2013	Y
	5	State	Zip Code				Tra	ansac	tion ID	): 364	70157	,	
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	Rep. Cory Gardner				ype			_	7		7	100	0.00
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	HEDULE B (FEC Form 3X)		poroto cohodula(-)					UMBER:				PAG	GE	60	DF 68
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$\backslash$	NAME OF COMMITTEE (In Full)														
	American Optometric Association I	Political	Action Com	mitte	e										
Α.	Full Name (Last, First, Middle Initial)							Date of	f Dis	sburse	emen	t			
	Mailing Address PO Box 8237						-	м м 09	/	D	D 8	/ Y		)13	Y
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	Des Moines	State IA	Zip Code 50301					Trans	acti	on ID	: 36	47015	59		
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	Candidate Name Rep. Tom P. Latham			Cate	ego ype			<b></b>						1000	0.00
	Office Sought: K House Disburser	ment For:		13	ype					7		7			
	Senate X President	Primary Other (spe	General General					Candida	ate C	Contrib	outio	n			
	State: IA District: 03 Full Name (Last, First, Middle Initial)						_								
В.	Roger Williams For U S Congress	Commi	ttee					Date of	f Dis	sburse	emen	t			
	Mailing Address P.O. Box 91061						-	м м 09	/		D 8	/ Y		) 13	Y
	<b>O</b> :the	Otata	Zin Oada				_					_			
	Austin	State TX	Zip Code 78709					Trans	acti	ion ID	: 36	47016	61		
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	Rep. Roger Williams			Ty	ype				-	7		7	-	100	5.00
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_	Full Name (Last, First, Middle Initial)														
C.	Matt Salmon for Congress							Date of	f Dis		emen	t	Y	Y	Y
	Mailing Address 2942 N 24th Ste. 107							09			0	L		013	
	City Stopping Stoppin	State AZ	Zip Code 85016				1	Trans	acti	ion ID	: 36	47464	48		
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	Matt Salmon			Cate Ty	ype			L.						2500	0.00
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-	Full Name (Last, First, Middle Initial)																			
Α.	Guthrie For Congress							Date of	Dis	sburse		it / Y	Y	Y	Y					
	Mailing Address PO Box 9639							09		23				013						
	City			Trans	acti	on ID	. 36	1718	56											
	Bowling Green			TTanis	acti		. 50	4740	50											
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	Rep. S. Brett Guthrie				ype					7		- 7		2500	0.00					
	Office Sought: House Disburser Senate President State: KY District: 02	nent For: 2 Primary Other (spe	X General				C	Candida	ite C	Contrib	outio	n								
	Full Name (Last, First, Middle Initial)																			
Β.	Jason Smith For Congress							Date of	Dis	sburse	mer	it								
	Mailing Address PO Box 1324					09 / 23 / Y Y Y Y 2013														
	Cape Girardeau	State MO	Zip Code 63702					Trans	acti	ion ID	: 36	4795	15							
	Purpose of Disbursement Candidate Contribution			C	)11		Amount of Each Disbursement this Period													
	Candidate Name			Cate	aoi	rv/	1													
	Rep. Jason T. Smith				ype				-	7		7		2000	5.00					
		nent For: Primary Other (spe	General				(	Candida	ate (	Contrib	outio	n								
c.	Full Name (Last, First, Middle Initial) Friends Of Lois Capps							Date of	Dis	sburse	mer	ıt								
	Mailing Address P.O. Box 23940							м м 09	/	2		/ Y		013	Υ					
	Santa Barbara	State CA	Zip Code 93121					Trans	acti	ion ID	: 36	4912	44							
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan			any	persor	n for the p	urpose	of solid	iting c	ontribu	tions							
$\square$	NAME OF COMMITTEE (In Full)																	
	American Optometric Association F Full Name (Last, First, Middle Initial)	Political Action Com	mitte	e														
Α.	Delbene For Congress					Date of I	Disburs	ement										
	Mailing Address PO Box 487					09	/ D	27		2013	Y							
	City S Bothell		Transaction ID : 36491245															
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	Candidate Name Rep. Suzan DelBene			egory ype	//		7		,	1000	0.00							
	Senate X President	ment For: 2014 Primary General Other (specify) ▼				Candidate	e Contri	bution										
В.	State:       WA       District:       01         Full Name (Last, First, Middle Initial)       Mike Mcintyre For Congress					Date of [		_										
	Mailing Address P.O. Box 1					09 27 2013												
	Lumberton	State Zip Code NC 28359				Transa	ction II	D : 3649	91247									
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	Candidate Name Rep. Mike McIntyre			egory ype	//	1000.00												
	Office Sought: House Disburser	ment For: 2014 Primary General Other (specify) ▼		<u>)                                    </u>		Candidate Contribution												
c.	Full Name (Last, First, Middle Initial) Bill Owens For Congress					Date of I	Disburs	ement										
	Mailing Address PO Box 1575					м м 09		27 /		2013	Y							
	City S Plattsburgh	State Zip Code NY 12901				Transa	ction IE	D : 3649	1248									
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	Candidate Name Rep. Bill Owens			egory ype	//		7		,	1000	0.00							
	Office Sought:     House     Disburser       Senate     President     X       State:     NY     District:     21	ment For: 2014 Primary General Other (specify) ▼				Candidate	e Contri	bution										
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А.	Scott Peters For Congress							te o	t Dis	sburse		V	YY	V				
	Mailing Address PO Box 70980							09	1		27		2013					
	City		т	rans	acti	ion ID	· 364	91249										
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_	Full Name (Last, First, Middle Initial) John Tierney For Congress								f Dis	sburse								
	Mailing Address 12 Hussey Avenue						09 27 2013											
	City S Danvers	State MA	Zip Code 01923				Transaction ID : 36491250											
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	Rep. John F. Tierney				ype	y/	1000.											
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_	Full Name (Last, First, Middle Initial)																	
C.	Tim Walz For Us Congress								f Dis		ement		~ ~ ~					
	Mailing Address PO Box 938							09	ĺ		27		2013	Ť				
	City	State	Zip Code				<b>–</b>					04254						
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	Office Sought: House Disburser Senate President State: MN District: 01	nent For: Primary Other (spe	General				Car	ndida	ate C	Contrit	bution							
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$\left[ \right]$	NAME OF COMMITTEE (In Full)																		
	American Optometric Association I	Political	Action Com	mitte	e														
-	Full Name (Last, First, Middle Initial) Tim Bishop For Congress						Date o	of Dis	sburse	ement									
	Mailing Address PO Box 437	09 27 2013																	
	City Farmingville		Trans	sact	ion ID	: 364	91252												
	Purpose of Disbursement Candidate Contribution			C	)11	gory/ 2500.00													
	Candidate Name																		
	Rep. Tim Bishop         Office Sought:       House       Disburser         Senate       President       X         State:       NY       District:       01	ment For: Primary Other (spe	General		ype		Candid	ate (	Contrib	outior	1								
_	Full Name (Last, First, Middle Initial)																		
В.	Tom Rice For Congress						Date of Disbursement												
	Mailing Address 1107 48th Ave., N. Suite 310-A						09 27 2013												
	Myrtle Beach	State SC	Zip Code 29577				Transaction ID : 36491253												
	Purpose of Disbursement Candidate Contribution Candidate Name			(	011		Amour	nt this I	Period										
	Tom Rice			Cate T	egor ype		1000.00												
	Office Sought: X House Disburser	ment For: Primary Other (spe	General		<u> </u>		Candid	ate (	Contril	butior	1								
с.	Full Name (Last, First, Middle Initial) Mikulski For Senate Committee						Date o	of Dis	sburse	ement	:								
	Mailing Address PO Box 13147						м м 09	/		D 7		2013	Y						
	City Saltimore	State MD	Zip Code 21203				Trans	sact	ion ID	: 364	491254								
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	Candidate Name Sen. Barbara A. Mikulski			Cate	egor ype				,			2000	.00						
	Office Sought:     House     Disburser       X     Senate     President       State:     MD     District:	ment For: Primary Other (spe	General				Candid	ate (	Contrit	outior	I								
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	American Optometric Association I	Political	Action Com	mitte	e														
^	Full Name (Last, First, Middle Initial)						Date o	f Die	shured	mont									
	Vargas For Congress							_	D		Y	YY	Y						
	Mailing Address 330 Encinitas Blvd., Suite 101						09			7	L	2013							
	City		Trans	acti	ion ID	: 364	91325												
	Encinitas Purpose of Disbursement	CA	92024		011 Amount of Each Disbursement this Period														
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	State: CA District: 51																		
в.	Full Name (Last, First, Middle Initial) Friends Of Dan Maffei						Date o	f Di	sburse	ement									
	Mailing Address PO Box 230						м м 09	/		27	Y	2013	Y						
	Syracuse	State NY	Zip Code 13201				Trans	sact	ion ID	: 364	91336								
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	Rep. Daniel B. Maffei           Office Sought:         V         House         Disburser	ment For:	2014	Ľ	ype														
		Primary Other (spe	General				Candida	ate (	Contri	bution									
	State: NY District: 25																		
C.	Full Name (Last, First, Middle Initial) Markey Committee; The						Date o	f Di	sburse	ement									
	Mailing Address PO Box 526						м м 09	/		0	Y	2013	Y						
	City Medford	State MA	Zip Code 02155				Trans	sact	ion ID	: 364	92720								
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	American Optometric Association I	Political	Action Com	mitte	e														
_	Full Name (Last, First, Middle Initial)						Data	( D)											
А.	Carper For Senate						Date o	_											
	Mailing Address PO Box 2882						09	/	3	0		2013	Y						
	5	State	Zip Code				Tran	sacti	ion ID	: 3649	2722								
	Wilmington	DE	19805				man	Juon		. 0040	_,								
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	State: DE District:																		
В.	Full Name (Last, First, Middle Initial) Common Ground PAC						Date o	_					N.						
	Mailing Address 1490 Quarterpath Road Number 272						09 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0												
	Williamsburg	State VA	Zip Code 23185-6544				Transaction ID : 36492723												
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	Common Ground PAC			Cate	egoi ype	ry/	2000.00												
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_	Full Name (Last, First, Middle Initial)						Date o	f Di	churco	mont									
0.	Tom Reed For Congress						M N	_	D		V	Y Y	V						
	Mailing Address PO Box 450						09	ĺ		0		2013	Ť						
	Victor	State NY	Zip Code 14564				Tran	sact	ion ID	: 3649	2724								
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$\square$	NAME OF COMMITTEE (In Full)																	
	American Optometric Association F	Political	Action Com	mitte	e													
Α.	Full Name (Last, First, Middle Initial) George Holding For Congress Inc.						_		_	sburs								
	Mailing Address PO Box 97187							09	/	D	30			013	Y			
	Raleigh	State NC	Zip Code 27624				т	rans	sacti	ion IE	<b>D</b> :	36492	26					
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в.	Full Name (Last, First, Middle Initial) Moran For Congress						_	M	_	sburs	- 0	D /		Y	Y			
	Mailing Address 311 North Washington Street Suite 2001						09 30 2013											
	Alexandria	State VA	Zip Code 22314				Transaction ID : 36492727											
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C.	Full Name (Last, First, Middle Initial) Dutch Ruppersberger For Congres	s Comr	nittee				_			sburs				Y				
	Mailing Address 22 W. Padonia Road Suite C-141						M	09	/	D	30			013	Y			
	City	State MD	Zip Code 21093				т	rans	sact	ion IE	<b>)</b> :	36492 <sup>-</sup>	728					
	Purpose of Disbursement Candidate Contribution			0	11		Am	noun	t of	Each	ηC	Disburse	ement	t this	Period			
	Candidate Name Rep. C.A. Dutch Ruppersberger			Cate Ty	egor ype	ry/				,		. ,		2500	0.00			
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А.	Meeks For Congress							Date o	_			nt	( ) ) (	Y					
	Mailing Address 153-01 Jamaica Avenue Suite 535							09		3		7		013	T				
	City		Trans	sacti	ion ID	: 3	64927	29											
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	Rep. Gregory W Meeks           Office Sought:         V         House         Disburser	ment For: 2	2014	ſ	ype		-			7	_	- 7			<u> </u>				
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В.	Swalwell For Congress							Date o	of Dis	sburse	eme	nt							
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	Mailing Address P.O. Box 2847							09		3	0		2	013					
	Dublin	State CA	Zip Code 94568					Transaction ID : 36492730											
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	Rep. Eric Swalwell			Cate T	ype			L.		7	_	- 7		250	0.00				
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