

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Optometric Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		487852.98
(b) Cash on Hand at Beginning of Reporting Period.....	629269.88	
(c) Total Receipts (from Line 19)	35480.30	651717.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	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 TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Optometric Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	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 (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	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 to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	17.76	295.02
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	35480.30	651717.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35480.30	651717.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

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

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

FOR LINE NUMBER: PAGE 6 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Dr Peter Charles Dubin
 Full Name (Last, First, Middle Initial)
 Mailing Address 3397 Charleston Hwy
 City State Zip Code
 Waterboro SC 29488-6122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2013
Transaction ID : 36413829
 Amount of Each Receipt this Period
 125.00

B. Dr Stanley Woo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2501 Nicholson St
 City State Zip Code
 Houston TX 77008-2022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2013
Transaction ID : 36414920
 Amount of Each Receipt this Period
 250.00

C. Dr Abie R Chadderdon
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Timberline Rd
 City State Zip Code
 Marshalltown IA 50158-3865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2013
Transaction ID : 36414922
 Amount of Each Receipt this Period
 333.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 708.34
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr Diane Cowger
Full Name (Last, First, Middle Initial)

Mailing Address 460 SILVER OAKS DR

City HARRISONBURG	State VA	Zip Code 22801-3579
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2013

Transaction ID : 36427525

Amount of Each Receipt this Period
500.00

B. Dr Michael E Hanen-Smith
Full Name (Last, First, Middle Initial)

Mailing Address 241 Norman Ridge Dr

City Bloomington	State MN	Zip Code 55437-1709
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2013

Transaction ID : 36427678

Amount of Each Receipt this Period
250.00

C. Dr Tracie M King
Full Name (Last, First, Middle Initial)

Mailing Address 1323 S Hanover St

City Baltimore	State MD	Zip Code 21230-4220
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2013

Transaction ID : 36427970

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Dr William Drost Altig

Mailing Address 520 COUNTY ROAD 4856

City State Zip Code
 NEWARK TX 76071-3404

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2013
Transaction ID : 36427974

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Dr John Magalhaes

Mailing Address 5 William Bradford Ct

City State Zip Code
 N Dartmouth MA 02747-3847

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2013
Transaction ID : 36430611

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Dr Jon M Ishihara

Mailing Address 94-127 Makoa St

City State Zip Code
 Waipahu HI 96797-4728

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2013
Transaction ID : 36434574

Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1115.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr David Nelson
Full Name (Last, First, Middle Initial)
Mailing Address 5714 OXBOW BND
City MADISON State WI Zip Code 53716-2472
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed
Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2013
Transaction ID : 36434704
Amount of Each Receipt this Period
250.00

B. Dr Susan Fisher
Full Name (Last, First, Middle Initial)
Mailing Address 1285 Owen Pl
City North Bellmore State NY Zip Code 11710-2118
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed
Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2013
Transaction ID : 36438731
Amount of Each Receipt this Period
150.00

C. Dr Daniel Dawson Coyle
Full Name (Last, First, Middle Initial)
Mailing Address 310 Tea Farm Rd
City Summerville State SC Zip Code 29483-4218
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed
Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2013
Transaction ID : 36448723
Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	525.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Bret A Bodenhamer
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 Madelines Park Cir
 City Jefferson City State MO Zip Code 65109-7348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2013
Transaction ID : 36450457
 Amount of Each Receipt this Period
 500.00

B. Dr Sally B Bodenhamer
 Full Name (Last, First, Middle Initial)
 Mailing Address 7010 Spring Park Dr
 City Jefferson Cty State MO Zip Code 65109-3345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2013
Transaction ID : 36450460
 Amount of Each Receipt this Period
 500.00

C. Dr Mark David Hansen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1887 N Isett Ave
 City Muscatine State IA Zip Code 52761-9747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2013
Transaction ID : 36450468
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Johndra McNeely
Full Name (Last, First, Middle Initial)

Mailing Address 210 CROSSBRIDGE TRL

City State Zip Code
PIEDMONT SC 29673-7342

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.75

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2013

Transaction ID : 36453523

Amount of Each Receipt this Period
91.25

B. Dr Marsha Beach
Full Name (Last, First, Middle Initial)

Mailing Address 652 CLOVERGLEN DR

City State Zip Code
GRAND JCT CO 81504-5114

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2013

Transaction ID : 36453641

Amount of Each Receipt this Period
50.00

C. Mr Rodney Peele
Full Name (Last, First, Middle Initial)

Mailing Address 1505 Prince Street
Suite 30

City State Zip Code
Alexandria VA 22314-2852

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

Name of Employer Occupation
American Optometric Association Lobbyist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013

Transaction ID : 36458083

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	641.25
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Dr Robert S Stutman
Full Name (Last, First, Middle Initial)

Mailing Address 3708 Clipper Rd

City Baltimore State MD Zip Code 21211-1422

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2013
Transaction ID : 36463536

Amount of Each Receipt this Period 1000.00

B. Dr Sarah J Hudson
Full Name (Last, First, Middle Initial)

Mailing Address 284 Richards Ave Unit 2

City Portsmouth State NH Zip Code 03801-5238

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 17 / 2013
Transaction ID : 36463538

Amount of Each Receipt this Period 125.00

C. Dr George W Veliky
Full Name (Last, First, Middle Initial)

Mailing Address 137 Oak Grove Ave

City Hasbrouck Hts State NJ Zip Code 07604-1225

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 396.00

Date of Receipt 09 / 17 / 2013
Transaction ID : 36463540

Amount of Each Receipt this Period 45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1170.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Daniel J Kosterman
Full Name (Last, First, Middle Initial)

Mailing Address 16420 Carla St

City Eagle River State AK Zip Code 99577-7618

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt **09 / 17 / 2013**

Transaction ID : 36463541

Amount of Each Receipt this Period **85.00**

B. Dr Dennis A Swarner
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 1669

City Kenai State AK Zip Code 99611-1669

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt **09 / 17 / 2013**

Transaction ID : 36463542

Amount of Each Receipt this Period **85.00**

C. Dr Lee Ann Barrett
Full Name (Last, First, Middle Initial)

Mailing Address 1199 E Morgan St

City Boonville State MO Zip Code 65233-1336

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 17 / 2013**

Transaction ID : 36463543

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **220.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr Freddie M Mayes
 Full Name (Last, First, Middle Initial)
 Mailing Address 117 Magnolia Dr
 City State Zip Code
 Central City KY 42330-1727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2013
Transaction ID : 36463544
 Amount of Each Receipt this Period
 50.00

B. Dr Larry C Wallis
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Kentshire Ct
 City State Zip Code
 Greenville DE 19807-2583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 410.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2013
Transaction ID : 36463545
 Amount of Each Receipt this Period
 40.00

C. Dr Franklin Yow Pu Lau
 Full Name (Last, First, Middle Initial)
 Mailing Address 98-434 Kilinoe St
 Apt 402
 City State Zip Code
 Aiea HI 96701-2144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2013
Transaction ID : 36466528
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	340.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Rodolfo L Rodriguez
Full Name (Last, First, Middle Initial)

Mailing Address 404 Main St

City Ridgefield Pk State NJ Zip Code 07660-1128

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **09 / 17 / 2013**

Transaction ID : 36466532

Amount of Each Receipt this Period **500.00**

B. Dr Thomas Annunziato
Full Name (Last, First, Middle Initial)

Mailing Address 11700 Northview Dr

City Aledo State TX Zip Code 76008-5223

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **666.64**

Date of Receipt **09 / 18 / 2013**

Transaction ID : 36466533

Amount of Each Receipt this Period **83.33**

C. Dr Harue Jean Marsden
Full Name (Last, First, Middle Initial)

Mailing Address 1445 Prospect Ave Unit D

City Placentia State CA Zip Code 92870-3816

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1749.60**

Date of Receipt **09 / 19 / 2013**

Transaction ID : 36472828

Amount of Each Receipt this Period **194.40**

SUBTOTAL of Receipts This Page (optional)..... **777.73**

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

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

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

FOR LINE NUMBER: PAGE 16 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Dr Paul Zerbinopoulos

Mailing Address 22 Carrie Ln

City N Kingstown State RI Zip Code 02852-4138

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.78**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2013

Transaction ID : 36472829

Amount of Each Receipt this Period
30.42

Full Name (Last, First, Middle Initial)
B. Dr Pamela J Blodgett

Mailing Address 22 Carrie Ln

City N Kingstown State RI Zip Code 02852-4138

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.78**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2013

Transaction ID : 36472830

Amount of Each Receipt this Period
30.42

Full Name (Last, First, Middle Initial)
C. Dr Philip Dunne Flynn

Mailing Address 122 Palmetto Hall Dr

City Lexington State SC Zip Code 29072-7894

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2013

Transaction ID : 36472831

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **185.84**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Mitchell Todd Munson
Full Name (Last, First, Middle Initial)

Mailing Address 9940 ASHLEIGH WAY

City State Zip Code
HIGHLANDS RANCH CO 80126-4244

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1502.46

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2013
Transaction ID : 36472832

Amount of Each Receipt this Period
166.94

B. Dr Susan Brunnett
Full Name (Last, First, Middle Initial)

Mailing Address 9940 ASHLEIGH WAY

City State Zip Code
HIGHLANDS RANCH CO 80126-4244

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.03

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2013
Transaction ID : 36472833

Amount of Each Receipt this Period
166.67

C. Dr William Gil Davis
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 516

City State Zip Code
Newton MS 39345-0516

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 05 / 2013
Transaction ID : 36472888

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	833.61
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr Dwight L Avery
Full Name (Last, First, Middle Initial)

Mailing Address 138 Pine Trail Rd

City London State KY Zip Code 40744-9426

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 05 / 2013
Transaction ID : 36472889

Amount of Each Receipt this Period
500.00

B. Dr Patricia Dorsey
Full Name (Last, First, Middle Initial)

Mailing Address 470 Road 180

City Emporia State KS Zip Code 66801-7640

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 05 / 2013
Transaction ID : 36472890

Amount of Each Receipt this Period
250.00

C. Dr Rose Marie Betz
Full Name (Last, First, Middle Initial)

Mailing Address 7300 N Bluff Dr

City Tuscaloosa State AL Zip Code 35406-2608

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
09 / 11 / 2013
Transaction ID : 36472893

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Matthew R Waner
Full Name (Last, First, Middle Initial)

Mailing Address 1002 Linda Ct

City Newport State NC Zip Code 28570-9349

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
09 / 11 / 2013
Transaction ID : 36472896

Amount of Each Receipt this Period
300.00

B. Dr Michael Hattan
Full Name (Last, First, Middle Initial)

Mailing Address 3501 Fairway Dr

City Hays State KS Zip Code 67601-1546

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 13 / 2013
Transaction ID : 36472900

Amount of Each Receipt this Period
500.00

C. Dr Rodolfo L Rodriguez
Full Name (Last, First, Middle Initial)

Mailing Address 404 Main St

City Ridgefield Pk State NJ Zip Code 07660-1128

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
09 / 19 / 2013
Transaction ID : 36473157

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶ 1000.00

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

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

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

FOR LINE NUMBER: PAGE 20 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Kevin Alexander
 Full Name (Last, First, Middle Initial)
 Mailing Address 2116 Wildwood Ct
 City Fullerton State CA Zip Code 92831-1339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : 36474392
 Amount of Each Receipt this Period
 50.00

B. Dr Thomas L Lim
 Full Name (Last, First, Middle Initial)
 Mailing Address 1136 Thorntree Court
 City San Jose State CA Zip Code 95120-1740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : 36474393
 Amount of Each Receipt this Period
 91.25

C. Dr Kathleen Goff
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 CRESTED PEAK CT
 City SANTA TERESA State NM Zip Code 88008-9423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : 36474394
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 224.59
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr James Maxwell Ernst
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Bittersweet Dr
 City Alexandria State KY Zip Code 41001-1300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : 36474395
 Amount of Each Receipt this Period
500.00

B. Dr Dennis Brtva
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Pebblebrook Ct
 City Bloomington State IL Zip Code 61705-6300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : 36474397
 Amount of Each Receipt this Period
100.00

C. Dr Lynn Smith Hammonds
 Full Name (Last, First, Middle Initial)
 Mailing Address 2725 Smyer Rd
 City Vestavia State AL Zip Code 35216-1026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.35**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : 36474398
 Amount of Each Receipt this Period
166.67

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

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

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

FOR LINE NUMBER: PAGE 22 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Jonathan Toso
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 Angel Ln
 City State Zip Code
 Canton SD 57013-2634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : 36474400
 Amount of Each Receipt this Period
 25.00

B. Dr Marc Robert Bloomenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 5101 E CALAVAR RD
 City State Zip Code
 SCOTTSDALE AZ 85254-2869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : 36474402
 Amount of Each Receipt this Period
 100.00

C. Dr Robert Parks
 Full Name (Last, First, Middle Initial)
 Mailing Address 86 Darlene Dr
 City State Zip Code
 Wakefield RI 02879-8307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 281.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : 36474403
 Amount of Each Receipt this Period
 31.25

SUBTOTAL of Receipts This Page (optional)..... ▶ 156.25
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 23 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Dr Jeffrey Gonnason

Mailing Address 6721 GLOUCESTER PL

City State Zip Code
 ANCHORAGE AK 99504-3343

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : 36474404

Amount of Each Receipt this Period
 84.00

Full Name (Last, First, Middle Initial)
B. Dr Rick Baxter

Mailing Address 3326 Madrona Beach Rd NW

City State Zip Code
 Olympia WA 98502-8868

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : 36474406

Amount of Each Receipt this Period
 850.00

Full Name (Last, First, Middle Initial)
C. Dr David Hays

Mailing Address 8720 52nd Street Ct W

City State Zip Code
 University Place WA 98467-1758

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2013
Transaction ID : 36474749

Amount of Each Receipt this Period
 84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1018.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Paul Gustafson			Date of Receipt 09 / 21 / 2013 Transaction ID : 36474751
Mailing Address 159 Sunflower St			Amount of Each Receipt this Period 35.00
City Casper	State WY	Zip Code 82604-3805	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 315.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr Randolph Brooks			Date of Receipt 09 / 21 / 2013 Transaction ID : 36474754
Mailing Address 3 Schindler Dr			Amount of Each Receipt this Period 200.00
City Succasunna	State NJ	Zip Code 07876-1183	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1400.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr Ronald Lee Hopping			Date of Receipt 09 / 21 / 2013 Transaction ID : 36474755
Mailing Address 1801 Creekside Dr			Amount of Each Receipt this Period 166.67
City Friendswood	State TX	Zip Code 77546-7821	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1500.03
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	401.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr Kim Eckroth
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1834
 City Yelm State WA Zip Code 98597-1834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2013
Transaction ID : 36474775
 Amount of Each Receipt this Period
 300.00

B. Dr David K Talley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1698 Brookside Dr
 City Germantown State TN Zip Code 38138-2531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2013
Transaction ID : 36474776
 Amount of Each Receipt this Period
 85.00

C. Dr Blaine Bird
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 E 775 S
 City Springville State UT Zip Code 84663-3206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.78

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2013
Transaction ID : 36474777
 Amount of Each Receipt this Period
 30.42

SUBTOTAL of Receipts This Page (optional).....▶	415.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Scott Burks		Date of Receipt MM / DD / YYYY 09 / 22 / 2013 Transaction ID : 36474778
Mailing Address Po Box 1351		Amount of Each Receipt this Period 100.00
City Buffalo	State MO	Zip Code 65622-1351
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) B. Dr Michelle Wika Chaney		Date of Receipt MM / DD / YYYY 09 / 22 / 2013 Transaction ID : 36474779
Mailing Address 3614 Coneflower Dr		Amount of Each Receipt this Period 45.00
City Fort Collins	State CO	Zip Code 80521-7542
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. Dr Robert Craig Janot		Date of Receipt MM / DD / YYYY 09 / 22 / 2013 Transaction ID : 36474780
Mailing Address 100 Orchard St		Amount of Each Receipt this Period 41.67
City Sulphur	State LA	Zip Code 70663-6268
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	

SUBTOTAL of Receipts This Page (optional).....▶	186.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Matthew Maki
Full Name (Last, First, Middle Initial)

Mailing Address 135 W Church St

City State Zip Code
Williamston MI 48895-1119

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2013
Transaction ID : 36474781

Amount of Each Receipt this Period
25.00

B. Dr Joseph J Jordan Jr
Full Name (Last, First, Middle Initial)

Mailing Address 971 Suncook Valley Rd

City State Zip Code
Alton NH 03809-5212

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.03

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2013
Transaction ID : 36474785

Amount of Each Receipt this Period
166.67

C. Dr Paul Anton Hodge
Full Name (Last, First, Middle Initial)

Mailing Address 3042 118th Ave

City State Zip Code
Allegan MI 49010-9555

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2013
Transaction ID : 36474786

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	241.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. DR Barry Barresi		Date of Receipt
Mailing Address 659 Spyglass Summit Dr		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City State Zip Code Chesterfield MO 63017-2142		Transaction ID : 36474788
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="166.67"/>
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1500.03"/>	

Full Name (Last, First, Middle Initial) B. Dr Ron Benner		Date of Receipt
Mailing Address 1408 E Maryland Ln		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City State Zip Code Laurel MT 59044-2238		Transaction ID : 36474789
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="166.67"/>
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1393.36"/>	

Full Name (Last, First, Middle Initial) C. Dr Rebecca H Wartman		Date of Receipt
Mailing Address 46 Lambeth Walk		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City State Zip Code Fairview NC 28730-7721		Transaction ID : 36474790
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="200.00"/>
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1800.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="533.34"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Jeff A Hayden
Full Name (Last, First, Middle Initial)

Mailing Address 679 Plumtree Ln

City Fenton State MI Zip Code 48430-4207

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 23 / 2013
Transaction ID : 36474792

Amount of Each Receipt this Period
100.00

B. Dr Chris R Fields
Full Name (Last, First, Middle Initial)

Mailing Address 173 Peterkin Hill Rd

City S Woodstock State VT Zip Code 05071-4500

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1503.00

Date of Receipt
09 / 23 / 2013
Transaction ID : 36474794

Amount of Each Receipt this Period
167.00

C. Dr Elizabeth Heaston Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 2426 MORENCY DR

City RICHLAND State WA Zip Code 99352-5003

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 23 / 2013
Transaction ID : 36479517

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 517.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 OF 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr Jacqueline Bowen
Full Name (Last, First, Middle Initial)

Mailing Address 3930 W 19th Street Ln

City State Zip Code
Greeley CO 80634-3446

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2013
Transaction ID : 36479902

Amount of Each Receipt this Period
50.00

B. Dr Shira Pipkin
Full Name (Last, First, Middle Initial)

Mailing Address 3587 Buffalo Ave

City State Zip Code
Broomfield CO 80020-9016

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2013
Transaction ID : 36479903

Amount of Each Receipt this Period
25.00

C. Dr Pierre J Ancitil
Full Name (Last, First, Middle Initial)

Mailing Address 12 Garden Dr

City State Zip Code
Colorado Spgs CO 80904-4414

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2013
Transaction ID : 36479904

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Lynn Hellerstein
Full Name (Last, First, Middle Initial)

Mailing Address 8611 E OTERO PL

City State Zip Code
CENTENNIAL CO 80112-3317

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2013
Transaction ID : 36479905

Amount of Each Receipt this Period
50.00

B. Dr Eric J Bohjanen
Full Name (Last, First, Middle Initial)

Mailing Address 2145 Academy Cir

City State Zip Code
Colorado Spgs CO 80909-1658

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2013
Transaction ID : 36479906

Amount of Each Receipt this Period
25.00

C. Dr Dori Carlson
Full Name (Last, First, Middle Initial)

Mailing Address 121 Briggs Ave N

City State Zip Code
Park River ND 58270-4507

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.03

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2013
Transaction ID : 36479909

Amount of Each Receipt this Period
166.67

SUBTOTAL of Receipts This Page (optional).....▶	241.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Steven Thomas Reed
Full Name (Last, First, Middle Initial)

Mailing Address 4550 Simpson Highway 28 W

City	State	Zip Code
Magee	MS	39111-5187

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

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **810.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	24	/	2013

Transaction ID : 36479913

Amount of Each Receipt this Period

90.00

B. Dr Randall Hoch
Full Name (Last, First, Middle Initial)

Mailing Address 206 Fox Farm Rd

City	State	Zip Code
Lewistown	MT	59457-8696

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

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	24	/	2013

Transaction ID : 36479914

Amount of Each Receipt this Period

100.00

C. Dr Ashley Mc Ferron
Full Name (Last, First, Middle Initial)

Mailing Address 5079 W Sunset Dr

City	State	Zip Code
Lake Oswego	OR	97035-4253

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

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **875.03**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	25	/	2013

Transaction ID : 36480419

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional).....▶	231.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 OF 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr Charles Atwell
Full Name (Last, First, Middle Initial)

Mailing Address 238 Chasse Cir

City St Charles State IL Zip Code 60174-1418

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt **09 / 25 / 2013**

Transaction ID : 36480420

Amount of Each Receipt this Period **42.00**

B. Dr Rustin Hatch
Full Name (Last, First, Middle Initial)

Mailing Address 1425 EVERGREEN DR

City TWIN FALLS State ID Zip Code 83301-3423

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **479.97**

Date of Receipt **09 / 25 / 2013**

Transaction ID : 36480421

Amount of Each Receipt this Period **53.33**

C. Dr John Bowen
Full Name (Last, First, Middle Initial)

Mailing Address 2570 Northshore Blvd Ste 200

City Flower Mound State TX Zip Code 75028-8386

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **756.00**

Date of Receipt **09 / 25 / 2013**

Transaction ID : 36480423

Amount of Each Receipt this Period **84.00**

SUBTOTAL of Receipts This Page (optional)..... **179.33**

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

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

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

FOR LINE NUMBER: PAGE 36 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Mamie Cassandra Chan
 Full Name (Last, First, Middle Initial)
 Mailing Address 13713 Vic Rd NE
 City Albuquerque State NM Zip Code 87112-6602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2013
Transaction ID : 36480427
 Amount of Each Receipt this Period
50.00

B. Dr Mark R Lee
 Full Name (Last, First, Middle Initial)
 Mailing Address Po Box 184
 City Blue Diamond State NV Zip Code 89004-0184
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2013
Transaction ID : 36480428
 Amount of Each Receipt this Period
30.00

C. Dr Christopher Colburn
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Winchester Rd
 City Lakewood State NY Zip Code 14750-1734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.06**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2013
Transaction ID : 36480429
 Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... **163.34**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Robert M Theaker
Full Name (Last, First, Middle Initial)

Mailing Address 12 Wyndemere Vale

City	State	Zip Code
Monterey	CA	93940-5811

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

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2013

Transaction ID : 36480431

Amount of Each Receipt this Period
500.00

B. Dr Mario Joseph Contaldi
Full Name (Last, First, Middle Initial)

Mailing Address 7728 Mid Cities Blvd

City	State	Zip Code
N Richlnd Hls	TX	76180-4621

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

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1018.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2013

Transaction ID : 36480432

Amount of Each Receipt this Period
90.91

C. Dr Robert Carl Layman
Full Name (Last, First, Middle Initial)

Mailing Address 4937 Homerdale Ave

City	State	Zip Code
Toledo	OH	43623-2930

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

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2013

Transaction ID : 36486016

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1090.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Audie M Teague Jr
Full Name (Last, First, Middle Initial)

Mailing Address 105 Friar Tuck Ln

City Prescott State AR Zip Code 71857-2608

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **756.00**

Date of Receipt
09 / 26 / 2013
Transaction ID : **36486019**

Amount of Each Receipt this Period
84.00

B. Dr Douglas J Walker
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 988

City Brookings State OR Zip Code 97415-0021

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
09 / 26 / 2013
Transaction ID : **36490968**

Amount of Each Receipt this Period
25.00

C. Dr C. Thomas Crooks III
Full Name (Last, First, Middle Initial)

Mailing Address 1229 Highland Lakes Trl

City Birmingham State AL Zip Code 35242-6886

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
09 / 27 / 2013
Transaction ID : **36491230**

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	159.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Dr Maryjane Healey
 Full Name (Last, First, Middle Initial)
 Mailing Address 6710 124Th PI Se
 City Snohomish State WA Zip Code 98296-8649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2013
Transaction ID : 36491231
 Amount of Each Receipt this Period
 200.00

B. Dr Willa A Hisle
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Portola Ave
 City Monterey State CA Zip Code 93940-3732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2013
Transaction ID : 36491232
 Amount of Each Receipt this Period
 125.00

C. Dr Jeffrey L Kegaris
 Full Name (Last, First, Middle Initial)
 Mailing Address 620 Burghley Ln
 City Franklin State TN Zip Code 37064-8231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2013
Transaction ID : 36491351
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1325.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 40 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Dr Paul Bryan Stauder

Mailing Address 8 Victory Ln

City State Zip Code
 Fairfield IL 62837-1363

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2013
Transaction ID : 36491352

Amount of Each Receipt this Period
 300.00

Full Name (Last, First, Middle Initial)
B. Dr John Allen Godfrey

Mailing Address 328 MANOR RD

City State Zip Code
 HARLEYSVILLE PA 19438-1954

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2013
Transaction ID : 36491354

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Dr Lillian T Kalaczinski

Mailing Address 7421 Treeline Dr Se

City State Zip Code
 Grand Rapids MI 49546-7465

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2013
Transaction ID : 36492349

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **825.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Sue Lowe
Full Name (Last, First, Middle Initial)

Mailing Address 1704 Skyline Rd

City Laramie State WY Zip Code 82070-8932

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.03

Date of Receipt 09 / 28 / 2013
Transaction ID : 36492350

Amount of Each Receipt this Period 166.67

B. Dr Peter H Kehoe
Full Name (Last, First, Middle Initial)

Mailing Address 789 N Broad St

City Galesburg State IL Zip Code 61401-2766

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 09 / 28 / 2013
Transaction ID : 36492353

Amount of Each Receipt this Period 175.00

C. Dr Lynn Davis
Full Name (Last, First, Middle Initial)

Mailing Address 6546 JACAL CT NW

City ALBUQUERQUE State NM Zip Code 87114-6120

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt 09 / 28 / 2013
Transaction ID : 36492354

Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 425.01

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Andrea P Thau		Date of Receipt
Mailing Address 145 E 84Th St Apt 11A		M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2013
City New York	State NY	Zip Code 10028-2058
FEC ID number of contributing federal political committee. C		Transaction ID : 36492357
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Doctor of Optometry		166.67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	1500.03	

Full Name (Last, First, Middle Initial) B. Dr Paul W Bohac		Date of Receipt
Mailing Address 5775 Wyncliff Rd		M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2013
City N Charleston	State SC	Zip Code 29418-5220
FEC ID number of contributing federal political committee. C		Transaction ID : 36492359
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Doctor of Optometry		33.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	300.06	

Full Name (Last, First, Middle Initial) C. Dr Robert A Sorensen		Date of Receipt
Mailing Address 11528 N Avondale Loop		M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2013
City Hayden	State ID	Zip Code 83835-9142
FEC ID number of contributing federal political committee. C		Transaction ID : 36492362
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Doctor of Optometry		126.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	378.00	

SUBTOTAL of Receipts This Page (optional).....▶	326.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Thomas Lucas JR
Full Name (Last, First, Middle Initial)

Mailing Address 2023 Sandy Point Rd

City Harker Hts State TX Zip Code 76548-8680

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
09 / 28 / 2013
Transaction ID : 36492363

Amount of Each Receipt this Period
200.00

B. Dr Carey Patrick
Full Name (Last, First, Middle Initial)

Mailing Address 970 Patrician Ct

City Fairview State TX Zip Code 75069-8781

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 28 / 2013
Transaction ID : 36492364

Amount of Each Receipt this Period
100.00

C. Dr Mira Swiecicki
Full Name (Last, First, Middle Initial)

Mailing Address 664 Clark Rd

City Bellingham State WA Zip Code 98225-7842

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1518.22

Date of Receipt
09 / 28 / 2013
Transaction ID : 36492365

Amount of Each Receipt this Period
162.00

SUBTOTAL of Receipts This Page (optional).....▶	462.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 44 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Derek Louie
 Full Name (Last, First, Middle Initial)
 Mailing Address 5079 W Sunset Dr
 City Lake Oswego State OR Zip Code 97035-4253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2013
Transaction ID : 36492367
 Amount of Each Receipt this Period
 42.00

B. Dr Steven Leon Haleo
 Full Name (Last, First, Middle Initial)
 Mailing Address 458 Cranborne Chase
 City Fort Mill State SC Zip Code 29708-7922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.78

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2013
Transaction ID : 36492370
 Amount of Each Receipt this Period
 30.42

C. Dr Lanny Duclos JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 3795 SUN VALLEY DR
 City GRANTSVILLE State UT Zip Code 84029-8512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2013
Transaction ID : 36492373
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 122.42
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 45 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Jason Ortman
 Full Name (Last, First, Middle Initial)
 Mailing Address 8085 E Byers Ave
 City State Zip Code
 Denver CO 80230-6755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2013
Transaction ID : 36492374
 Amount of Each Receipt this Period
 125.00

B. Dr Trevor Cleveland
 Full Name (Last, First, Middle Initial)
 Mailing Address 3726 Robbie St
 City State Zip Code
 Eugene OR 97404-1996
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 801.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2013
Transaction ID : 36492379
 Amount of Each Receipt this Period
 167.00

C. Dr Richard Edlow
 Full Name (Last, First, Middle Initial)
 Mailing Address 8913 GRIFFIN WAY
 City State Zip Code
 BALTIMORE MD 21208-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 752.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2013
Transaction ID : 36492382
 Amount of Each Receipt this Period
 82.64

SUBTOTAL of Receipts This Page (optional)..... ▶ 374.64
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr David Frazee
Full Name (Last, First, Middle Initial)
Mailing Address 4962 Shoreline Dr
City Frisco State TX Zip Code 75034-4058
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed
Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
09 / 28 / 2013
Transaction ID : 36492383
Amount of Each Receipt this Period
200.00

B. Dr Rodney Fair
Full Name (Last, First, Middle Initial)
Mailing Address 1169 CONEFLOWER WAY
City BRIGHTON State CO Zip Code 80601-6785
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed
Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 383.34

Date of Receipt
09 / 28 / 2013
Transaction ID : 36492385
Amount of Each Receipt this Period
41.67

C. Dr Hilaire Pressley
Full Name (Last, First, Middle Initial)
Mailing Address 8635 W Sahara Ave
City Las Vegas State NV Zip Code 89117-5858
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed
Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt
09 / 28 / 2013
Transaction ID : 36492386
Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 291.67
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr David M Redman
Full Name (Last, First, Middle Initial)

Mailing Address 795 Foxhill Cir

City Hollister State CA Zip Code 95023-9747

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.03**

Date of Receipt
09 / 28 / 2013
Transaction ID : 36492387

Amount of Each Receipt this Period
41.67

B. Dr Kevin Gee
Full Name (Last, First, Middle Initial)

Mailing Address 9119 Highway 6 Ste 200

City Missouri City State TX Zip Code 77459-4876

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1454.98**

Date of Receipt
09 / 28 / 2013
Transaction ID : 36492388

Amount of Each Receipt this Period
181.88

C. Dr Deborah Bernay
Full Name (Last, First, Middle Initial)

Mailing Address 1702 RUSTIC OAK LN

City SEABROOK State TX Zip Code 77586-4556

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt
09 / 28 / 2013
Transaction ID : 36492389

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional)..... **343.55**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Kristofer K Thornton
 Full Name (Last, First, Middle Initial)
 Mailing Address 2023 Cumberland Dr
 City Longview State TX Zip Code 75601-3412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2013
Transaction ID : 36492390
 Amount of Each Receipt this Period
 50.00

B. Dr Ronald Danner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 W Victory Way Ste 110
 City Craig State CO Zip Code 81625-2954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2013
Transaction ID : 36492392
 Amount of Each Receipt this Period
 33.75

C. Dr Michael Bennett
 Full Name (Last, First, Middle Initial)
 Mailing Address 4940 Victoria Pl
 City Guthrie State OK Zip Code 73044-8668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2013
Transaction ID : 36492393
 Amount of Each Receipt this Period
 166.67

SUBTOTAL of Receipts This Page (optional).....▶	250.42
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 49 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr David W Wineland
 Full Name (Last, First, Middle Initial)
 Mailing Address 8400 Concord Rd
 City Johnstown State OH Zip Code 43031-8154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1145.25

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2013
Transaction ID : 36492431
 Amount of Each Receipt this Period
 127.25

B. Dr Bradley A Frederickson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2725 13Th Street PI Sw
 City Puyallup State WA Zip Code 98373-6041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2013
Transaction ID : 36492432
 Amount of Each Receipt this Period
 400.00

C. Dr William J Hoover
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 W Columbia Ct
 City Glenwood Spgs State CO Zip Code 81601-2854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2013
Transaction ID : 36492434
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 777.25
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Robert Aube JR
Full Name (Last, First, Middle Initial)

Mailing Address 7 AUTUMN CIR

City State Zip Code
ROCKY HILL CT 06067-2867

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.75

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2013

Transaction ID : 36492745

Amount of Each Receipt this Period
91.25

B. Dr Donald Higgins
Full Name (Last, First, Middle Initial)

Mailing Address 5 Belgravia Ter

City State Zip Code
Farmington CT 06032-1550

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2013

Transaction ID : 36492754

Amount of Each Receipt this Period
500.00

C. Dr Michael Leslie Weeden
Full Name (Last, First, Middle Initial)

Mailing Address 2701 Gaines Rd

City State Zip Code
Corinth MS 38834-5929

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : 36492756

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	791.25
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 51 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Harvey B Richman FAAO
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 Main St
 City Manasquan State NJ Zip Code 08736-3558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : 36492767
 Amount of Each Receipt this Period
 41.67

B. Dr Mario Gutierrez
 Full Name (Last, First, Middle Initial)
 Mailing Address 5622 Evers Rd Apt 203
 City San Antonio State TX Zip Code 78238-1703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : 36505996
 Amount of Each Receipt this Period
 2000.00

C. Dr Ronald Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 170 MANN SCHOOL RD
 City SMITHFIELD State RI Zip Code 02917-1413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : 36505997
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2441.67
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 53 OF 68
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
DR Dennis Lee Brindley

Mailing Address 5196 Cedar Dr

City Sault S Marie State MI Zip Code 49783-9422

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : 36506102

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	27602.03

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. WellsFargo

Mailing Address 1650 Tyson Blvd.

City McLean State VA Zip Code 22102

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 36501882

Amount of Each Disbursement this Period

Bank Fees

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
American Express Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 36506860

Amount of Each Disbursement this Period

American Express Fees

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Visa/MC Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 36506861

Amount of Each Disbursement this Period

Visa/MC Fees

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Bank Fees

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2013

Transaction ID : 36506862

Amount of Each Disbursement this Period

187.18

Bank Fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

187.18

2048.48

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andy Barr For Congress, Inc.

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Andy Barr

Category/
Type

Office Sought: House
 Senate
 President
State: KY District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2013

Transaction ID : 36415042

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Enzi For Us Senate

Mailing Address PO Box 2775

City Cody State WY Zip Code 82414

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Sen. Mike B. Enzi

Category/
Type

Office Sought: House
 Senate
 President
State: WY District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2013

Transaction ID : 36415074

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Hal Rogers For Congress

Mailing Address P.O. Box 1214

City Somerset State KY Zip Code 42502

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Hal Dallas Rogers

Category/
Type

Office Sought: House
 Senate
 President
State: KY District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2013

Transaction ID : 36415142

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

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

9500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Blumenauer For Congress

Mailing Address 830 Ne Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Earl Blumenauer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	1	3

Transaction ID : 36427668

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Hanabusa For Hawaii

Mailing Address P.O. Box 1416

City Honolulu State HI Zip Code 96806

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Colleen W. Hanabusa

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: HI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	3

Transaction ID : 36428732

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Pat J. Tiberi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	3

Transaction ID : 36428733

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Candidate Contribution

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

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

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Joe R. Pitts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : 36463111

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Mark Pocan For Congress

Mailing Address PO Box 327

City Madison State WI Zip Code 53701

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Mark Pocan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : 36463117

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Denham For Congress

Mailing Address 2150 River Plaza Dr., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Jeff Denham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 10

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : 36463301

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

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

8500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Progressive Choices PAC

Mailing Address PO Box 58

City State Zip Code
Evanston IL 60204

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Progressive Choices PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : 36463376

Amount of Each Disbursement this Period

5000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

B. Bilirakis For Congress

Mailing Address PO Box 606

City State Zip Code
Tarpon Springs FL 34688

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Gus M. Bilirakis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : 36466573

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Gardner For Congress

Mailing Address 9227 E. Lincoln Ave., #200-234

City State Zip Code
Lone Tree CO 80124

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Cory Gardner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 04

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : 36470157

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

7000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Iowans For Latham

Mailing Address PO Box 8237

City State Zip Code
Des Moines IA 50301

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Tom P. Latham

Category/
Type

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : 36470159

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Roger Williams For U S Congress Committee

Mailing Address P.O. Box 91061

City State Zip Code
Austin TX 78709

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Roger Williams

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 25

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : 36470161

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Matt Salmon for Congress

Mailing Address 2942 N 24th Ste. 107

City State Zip Code
Phoenix AZ 85016

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Matt Salmon

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2013

Transaction ID : 36474648

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. S. Brett Guthrie

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	3			2	0	1	3	

Transaction ID : 36474856

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Jason Smith For Congress

Mailing Address PO Box 1324

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Jason T. Smith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	3			2	0	1	3	

Transaction ID : 36479515

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Lois Capps

Mailing Address P.O. Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Lois Capps

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	3	

Transaction ID : 36491244

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

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

5	5	0	0	.	0	0
---	---	---	---	---	---	---

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

5	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Delbene For Congress

Mailing Address PO Box 487

City Bothell State WA Zip Code 98041

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Suzan DelBene

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 01

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2013

Transaction ID : 36491245

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Mike McIntyre For Congress

Mailing Address P.O. Box 1

City Lumberton State NC Zip Code 28359

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Mike McIntyre

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 07

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2013

Transaction ID : 36491247

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Bill Owens For Congress

Mailing Address PO Box 1575

City Plattsburgh State NY Zip Code 12901

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Bill Owens

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2013

Transaction ID : 36491248

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Scott Peters For Congress

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Scott Peters

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2013

Transaction ID : 36491249

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. John Tierney For Congress

Mailing Address 12 Hussey Avenue

City Danvers State MA Zip Code 01923

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. John F. Tierney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 06

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2013

Transaction ID : 36491250

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Tim Walz For Us Congress

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Timothy J. Walz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 01

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2013

Transaction ID : 36491251

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

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

4000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tim Bishop For Congress

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rep. Tim Bishop

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	3		

Transaction ID : 36491252

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Tom Rice For Congress

Mailing Address 1107 48th Ave., N.
Suite 310-A

City Myrtle Beach State SC Zip Code 29577

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Tom Rice

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	3		

Transaction ID : 36491253

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Mikulski For Senate Committee

Mailing Address PO Box 13147

City Baltimore State MD Zip Code 21203

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Sen. Barbara A. Mikulski

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	3		

Transaction ID : 36491254

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

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

5	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

5	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Vargas For Congress

Mailing Address 330 Encinitas Blvd., Suite 101

City Encinitas State CA Zip Code 92024

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Juan Vargas

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 51

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2013

Transaction ID : 36491325

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Dan Maffei

Mailing Address PO Box 230

City Syracuse State NY Zip Code 13201

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Daniel B. Maffei

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 25

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2013

Transaction ID : 36491336

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Markey Committee; The

Mailing Address PO Box 526

City Medford State MA Zip Code 02155

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Sen Ed J. Markey

Category/
Type

Office Sought: House
 Senate
 President
State: MA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2013

Transaction ID : 36492720

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

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

7000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Carper For Senate

Mailing Address PO Box 2882

City Wilmington State DE Zip Code 19805

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Sen. Thomas R. Carper

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: DE District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

Transaction ID : 36492722

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Common Ground PAC

Mailing Address 1490 Quarterpath Road
Number 272

City Williamsburg State VA Zip Code 23185-6544

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Common Ground PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

Transaction ID : 36492723

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

Committee Contribution

Full Name (Last, First, Middle Initial)

C. Tom Reed For Congress

Mailing Address PO Box 450

City Victor State NY Zip Code 14564

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Tom Reed

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

Transaction ID : 36492724

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

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

5	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

5	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. George Holding For Congress Inc.

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

George Holding

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 13

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2013

Transaction ID : 36492726

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Moran For Congress

Mailing Address 311 North Washington Street
Suite 200I

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. James P. Moran

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2013

Transaction ID : 36492727

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Dutch Ruppensberger For Congress Committee

Mailing Address 22 W. Padonia Road
Suite C-141

City Timonium State MD Zip Code 21093

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. C.A. Dutch Ruppensberger

Category/
Type

Office Sought: House
 Senate
 President
State: MD District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2013

Transaction ID : 36492728

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Meeks For Congress

Mailing Address 153-01 Jamaica Avenue
Suite 535

City State Zip Code
Jamaica NY 11432

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Gregory W Meeks

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : 36492729

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Swalwell For Congress

Mailing Address P.O. Box 2847

City State Zip Code
Dublin CA 94568

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Eric Swalwell

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 15

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : 36492730

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

4500.00

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

79000.00