

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Optometric Association Political Action Committee

ADDRESS (number and street)

1505 Prince Street

Suite 300

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00024968

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

01

2013

07

31

2013

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

Type or Print Name of Treasurer Fred Dubrick O.D.

Signature of Treasurer

Fred Dubrick O.D.

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

08

13

2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
07 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		487852.98
(b) Cash on Hand at Beginning of Reporting Period.....	568279.25	
(c) Total Receipts (from Line 19)	48377.89	566821.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	616657.14	1054674.88
7. Total Disbursements (from Line 31)	21996.79	460014.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	594660.35	594660.35
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 07 01 2013

To:

 M M / D D / Y Y Y Y Y
 07 31 2013
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).....

38495.17

370463.62

(ii) Unitemized

9815.67

195107.33

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

48310.84

565570.95

(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)

48310.84

565570.95

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.).....

67.05

250.95

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))..... ▶

48377.89

566821.90

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

48377.89

566821.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	2476.79	59419.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2476.79	59419.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	399000.00
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	20.00	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)).....	20.00	1595.00
29. Other Disbursements	0.00	0.00
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)) ..	21996.79	460014.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21996.79	460014.53

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)	48310.84	565570.95
34. Total Contribution Refunds (from Line 28(d))	20.00	1595.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48290.84	563975.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2476.79	59419.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2476.79	59419.53

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)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Gabrielle Marshall

Mailing Address 2463 NW 1ST ST

City
BEND

State
OR

Zip Code
97701-1246

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 02 / 2013

Transaction ID : 36203295

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Phillip A Gelwick

Mailing Address 3649 E 49Th Pl

City
Tulsa

State
OK

Zip Code
74135-3105

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

07 / 01 / 2013

Transaction ID : 36204149

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr Richard L Talkington

Mailing Address Po Box 521

City
Franklin

State
NH

Zip Code
03235-0521

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 ▼

600.00

Date of Receipt

07 / 01 / 2013

Transaction ID : 36204150

Amount of Each Receipt this Period

100.00

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

450.00

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
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert Neal Williams Jr

Mailing Address 1109 Links Rd

City

Myrtle Beach

State

SC

Zip Code

29575-5879

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 / D D / Y Y Y Y Y
07 / 01 / 2013

Transaction ID : 36204161

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Mark K Helgeson

Mailing Address Po Box O

City

Park River

State

ND

Zip Code

58270-0714

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2013

Transaction ID : 36206853

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Kathleen E Powell

Mailing Address 9710 Copper Dr

City

Anchorage

State

AK

Zip Code

99507-1226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2013

Transaction ID : 36206854

Amount of Each Receipt this Period

85.00

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

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

835.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Philip J Gross

Mailing Address 46 Wintergreen Way

City

Magnolia

State

DE

Zip Code

19962-1474

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 ▼

350.00

Date of Receipt

MM / DD / YYYY
07 / 03 / 2013

Transaction ID : 36206855

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Robert L Jarrell III

Mailing Address 50 Cedar Hill Rd Ne

City

Albuquerque

State

NM

Zip Code

87122-1928

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 ▼

1166.69

Date of Receipt

MM / DD / YYYY
07 / 03 / 2013

Transaction ID : 36206856

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

c. Dr George Hertneky

Mailing Address 16862 County Road 28

City

Brush

State

CO

Zip Code

80723-9424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
07 / 03 / 2013

Transaction ID : 36206857

Amount of Each Receipt this Period

50.00

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

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

266.67

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jon Frederick Pederson

Mailing Address 1025 Milwaukee St

City

Denver

State

CO

Zip Code

80206-3337

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 04 / 2013

Transaction ID : 36209216

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Harvey B Richman FAAO

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 ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 04 / 2013

Transaction ID : 36209217

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Dr Rodolfo L Rodriguez

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 04 / 2013

Transaction ID : 36209259

Amount of Each Receipt this Period

300.00

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

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

391.67

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

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

FOR LINE NUMBER: PAGE 10 OF 85
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Clarke Newman

Mailing Address 3311 Throckmorton St.
Apt A4

City State Zip Code
Dallas TX 75219-3663

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 ▼

1750.00

Date of Receipt

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : 36209260

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Michael S Mayer

Mailing Address 2097 N Zinfandel Dr

City State Zip Code
Hanford CA 93230-8939

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

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : 36209261

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. DR Shannon Franklin

Mailing Address 427 Cranberry Ln

City State Zip Code
Crozet VA 22932-3160

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 ▼

222.24

Date of Receipt

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : 36209263

Amount of Each Receipt this Period

55.56

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

430.56

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr John Coble

Mailing Address 1501 SUNSET HILL DR

City
ROCKWALL

State
TX

Zip Code
75087-3216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.45

Date of Receipt

MM / DD / YYYY
07 / 06 / 2013

Transaction ID : 36211425

Amount of Each Receipt this Period

83.35

Full Name (Last, First, Middle Initial)

B. Dr Andrew Ray Adamich

Mailing Address PO Box 711

City

Gunnison

State

CO

Zip Code

81230-0711

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 ▼

350.00

Date of Receipt

MM / DD / YYYY
07 / 06 / 2013

Transaction ID : 36211426

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Jason A Ricks

Mailing Address 108 Agate Dr

City

Lewistown

State

MT

Zip Code

59457-3202

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 ▼

212.94

Date of Receipt

MM / DD / YYYY
07 / 06 / 2013

Transaction ID : 36211427

Amount of Each Receipt this Period

30.42

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

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

163.77

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Lance W Fagan

Mailing Address 6160 N 17Th St

City

Dalton Gardens

State

ID

Zip Code

83815-9617

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 ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 06 / 2013

Transaction ID : 36211428

Amount of Each Receipt this Period

31.00

Full Name (Last, First, Middle Initial)

B. Dr Mark D Esarey

Mailing Address 1680 State Highway 130

City

Charleston

State

IL

Zip Code

61920-6752

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
07 / 06 / 2013

Transaction ID : 36211430

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Dr Alisha J Heaton

Mailing Address 8311 N Parkside Dr

City

Hayden

State

ID

Zip Code

83835-8253

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 06 / 2013

Transaction ID : 36211431

Amount of Each Receipt this Period

30.00

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

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

186.00

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

Use separate schedule(s)
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☐ 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 Deanna Swafford Alexander

Mailing Address 4127 Cedargate Dr

City State Zip Code
Fort Collins CO 80526-3386

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 / D D / Y Y Y Y Y
07 / 07 / 2013

Transaction ID : 36211433

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Jeremy Durham

Mailing Address 1233 N Seasons Ct

City State Zip Code
Goddard KS 67052-8534

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2013

Transaction ID : 36211434

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Thomas M Barreto

Mailing Address 485 Nw Skyline Blvd

City State Zip Code
Portland OR 97229-6849

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 / D D / Y Y Y Y Y
07 / 07 / 2013

Transaction ID : 36211435

Amount of Each Receipt this Period

100.00

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

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

400.00

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

Use separate schedule(s)
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Detailed Summary Page

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☐ 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 Robert Nyre

Mailing Address 2505 10TH AVE NW

City
MINOT

State
ND

Zip Code
58703-1754

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 ▼

280.00

Date of Receipt

07 / 08 / 2013

Transaction ID : 36211459

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Dr William Thomas Reynolds Jr

Mailing Address 200 La Rose Ct

City

Richmond

State

KY

Zip Code

40475-7855

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 ▼

1177.54

Date of Receipt

07 / 08 / 2013

Transaction ID : 36211460

Amount of Each Receipt this Period

164.51

Full Name (Last, First, Middle Initial)

c. Dr Geoffrey Goodfellow

Mailing Address 260 Aspen Dr

City

Beecher

State

IL

Zip Code

60401-5123

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 ▼

291.69

Date of Receipt

07 / 08 / 2013

Transaction ID : 36211461

Amount of Each Receipt this Period

41.67

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

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

246.18

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Joseph Wm Babcock

Mailing Address 1515 Hawthorn Dr

City

Portsmouth

State

OH

Zip Code

45662-2300

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

07 / 02 / 2013

Transaction ID : 36215973

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Jonathan Bundy

Mailing Address 3045 N HOZONI RD

City

PRESCOTT

State

AZ

Zip Code

86305-3992

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 ▼

350.00

Date of Receipt

07 / 09 / 2013

Transaction ID : 36218217

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Victoria Ann Blower

Mailing Address 2301 LOUSSAC DR

City

ANCHORAGE

State

AK

Zip Code

99517-1230

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 ▼

595.00

Date of Receipt

07 / 09 / 2013

Transaction ID : 36218218

Amount of Each Receipt this Period

85.00

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

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

385.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Steven Arthur Loomis

Mailing Address 6436 Spotted Fawn Run

City State Zip Code
 Littleton CO 80125-9055

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 ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 09 / 2013

Transaction ID : 36218219

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Douglas D Ayre

Mailing Address 747 R5 Rd

City State Zip Code
 Pawnee Rock KS 67567-6710

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 / D D / Y Y Y Y Y
 07 / 08 / 2013

Transaction ID : 36218410

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Scott F Kenitz

Mailing Address 6003 Shagbark Ln

City State Zip Code
 Hartford WI 53027-9487

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 / D D / Y Y Y Y Y
 07 / 08 / 2013

Transaction ID : 36218421

Amount of Each Receipt this Period

250.00

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

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

1450.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Paul Philippe Cote

Mailing Address 18 Little Androscoggin Dr

City State Zip Code
Auburn ME 04210-8884

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 ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 10 / 2013

Transaction ID : 36223625

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Michael G Wallace

Mailing Address 3366 Ambleside Dr

City State Zip Code
Flushing MI 48433-9784

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 ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 10 / 2013

Transaction ID : 36223627

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. Dr Michael Nichols

Mailing Address 3910 Foxcreek Way

City State Zip Code
Columbia MO 65203-8855

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 / D D / Y Y Y Y Y
07 / 10 / 2013

Transaction ID : 36223628

Amount of Each Receipt this Period

100.00

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

183.67

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr James Davis

Mailing Address 2724 Surrey Ln

City

Idaho Falls

State

ID

Zip Code

83404-7143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

MM / DD / YYYY
07 / 10 / 2013

Transaction ID : 36223629

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Dr Larry Donavon Morrison

Mailing Address 24130 County Road 149

City

Detroit Lakes

State

MN

Zip Code

56501-7676

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 09 / 2013

Transaction ID : 36223657

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr J. Eric Paulsen

Mailing Address 1801 Memorial Dr

City

Sturgeon Bay

State

WI

Zip Code

54235-1064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 10 / 2013

Transaction ID : 36223887

Amount of Each Receipt this Period

250.00

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

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

795.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert Neil Christen II

Mailing Address 110 S Main St

City

Woodsfield

State

OH

Zip Code

43793-1023

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

07 / 10 / 2013

Transaction ID : 36223966

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Kenneth Ray Moultrie

Mailing Address 1809 Gaslight Way NE

City

Huntsville

State

AL

Zip Code

35801-1555

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 ▼

350.00

Date of Receipt

07 / 10 / 2013

Transaction ID : 36226194

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. DR Frank McAllister Akers II

Mailing Address 1019 N 93rd PI

City

Mesa

State

AZ

Zip Code

85207-5266

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 ▼

235.00

Date of Receipt

07 / 10 / 2013

Transaction ID : 36226234

Amount of Each Receipt this Period

85.00

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

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

435.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Andrea Bethel

Mailing Address 1621 Terra De Sol Dr SE

City

Rio Rancho

State

NM

Zip Code

87124-8709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2013

Transaction ID : 36226361

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Joe Ernest Ellis

Mailing Address 179 Wood Trce

City

Benton

State

KY

Zip Code

42025-9400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2013

Transaction ID : 36226362

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr Zoey Loomis

Mailing Address 3750 Highway 144

City

Weldona

State

CO

Zip Code

80653-9107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2013

Transaction ID : 36226363

Amount of Each Receipt this Period

150.00

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

366.67

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

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Steven Snapp

Mailing Address 310 Tendoy St

City State Zip Code
 Bellevue ID 83313-5085

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 / D D / Y Y Y Y Y
 07 / 11 / 2013

Transaction ID : 36226364

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr James A Davis

Mailing Address 839 16Th Ave E

City State Zip Code
 Jerome ID 83338-1504

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 / D D / Y Y Y Y Y
 07 / 11 / 2013

Transaction ID : 36226365

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Dr Robert Bruce Grill

Mailing Address 3359 Willow Way

City State Zip Code
 Twin Falls ID 83301-8191

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 / D D / Y Y Y Y Y
 07 / 11 / 2013

Transaction ID : 36226366

Amount of Each Receipt this Period

75.00

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

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

275.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Julie A Toon

Mailing Address 2204 N Longwood Cir

City State Zip Code
 Wichita KS 67226-1157

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 11 / 2013

Transaction ID : 36226367

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Karla Zadnik

Mailing Address 183 Franklin Ave

City State Zip Code
 Worthington OH 43085-3186

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 11 / 2013

Transaction ID : 36226368

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Jeffrey Fries

Mailing Address 321 MONTEREY WAY

City State Zip Code
 VANCOUVER WA 98661-6049

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 11 / 2013

Transaction ID : 36226369

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Dirk Schrotenboer

Mailing Address 10729 Deer Ridge Ct

City State Zip Code
Zeeland MI 49464-6830

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 / D D / Y Y Y Y Y
07 11 2013

Transaction ID : 36226370

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Gregory W Kraupa

Mailing Address 4280 Reiland Ln

City State Zip Code
Shoreview MN 55126-3127

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 ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 11 2013

Transaction ID : 36226371

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. Dr Karoline L Munson

Mailing Address 16 Glencove St

City State Zip Code
Frankfort KY 40601-4842

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 Y
07 10 2013

Transaction ID : 36226388

Amount of Each Receipt this Period

500.00

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

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

642.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Ashley Mc Ferron

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 ▼

750.02

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 10 / 2013

Transaction ID : 36226389

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Gary James Avallone

Mailing Address 144 Fox Run

City

West Monroe

State

LA

Zip Code

71291-8137

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

M M / D D / Y Y Y Y Y
07 / 10 / 2013

Transaction ID : 36226391

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Marina L Rocchi

Mailing Address 100 Sterling Oaks Dr
Apt 230

City

Chico

State

CA

Zip Code

95928-9460

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
07 / 10 / 2013

Transaction ID : 36226392

Amount of Each Receipt this Period

230.00

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

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

1730.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Michael P Spellicy

Mailing Address 7667 Purdy Rd

City State Zip Code
 Madison NY 13402-9795

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 / D D / Y Y Y Y Y
 07 10 2013

Transaction ID : 36226394

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Donald E Stover

Mailing Address 2558 W White Chapel Ave

City State Zip Code
 Porterville CA 93257-6926

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 / D D / Y Y Y Y Y
 07 10 2013

Transaction ID : 36226395

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr John Burns

Mailing Address 1407 Houndhill Rd

City State Zip Code
 Crofton MD 21114-3213

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 / D D / Y Y Y Y Y
 07 10 2013

Transaction ID : 36226397

Amount of Each Receipt this Period

365.00

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

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

1115.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms Adrienne M. Drollette

Mailing Address P.O. Box 1206

City
Wilson

State
NC

Zip Code
27894-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer

The North Carolina State Optometric So

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 10 / 2013

Transaction ID : 36226399

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Thomas A Wilson

Mailing Address 850 Newgate Ct

City

Monument

State

CO

Zip Code

80132-2832

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

07 / 10 / 2013

Transaction ID : 36226400

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr David C Karpik

Mailing Address 2142 Standard Ave

City

Fairbanks

State

AK

Zip Code

99701-7250

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

07 / 10 / 2013

Transaction ID : 36226401

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Levi Porter

Mailing Address 10750 Edgewood Cir

City

Eagle River

State

AK

Zip Code

99577-8192

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 ▼

600.00

Date of Receipt

07 / 10 / 2013

Transaction ID : 36226402

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Dr William E Thomas

Mailing Address 3371 Rodeo Rd

City

Missoula

State

MT

Zip Code

59803-9651

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

07 / 10 / 2013

Transaction ID : 36226404

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Douglas Carl Melzer

Mailing Address 31300 SW Country View Ln

City

Wilsonville

State

OR

Zip Code

97070-7489

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

07 / 10 / 2013

Transaction ID : 36226405

Amount of Each Receipt this Period

500.00

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

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

1600.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr Peter Theo

Mailing Address 6510 Grand Teton Plz
Ste 312

City Madison State WI Zip Code 53719-1029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wisconsin Optometric Association, Inc

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 10 / 2013

Transaction ID : 36226407

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Douglas Morrow

Mailing Address 903 Midway Dr

City Auburn State IN Zip Code 46706-1129

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

MM / DD / YYYY
07 / 10 / 2013

Transaction ID : 36226408

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Troy Raber

Mailing Address 195 Masters Ln

City Magnolia State DE Zip Code 19962-1186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Delaware Optometric Association

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 11 / 2013

Transaction ID : 36226482

Amount of Each Receipt this Period

125.00

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

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

1625.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Bethany M Lewallen

Mailing Address 195 Masters Ln

City

Magnolia

State

DE

Zip Code

19962-1186

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

07 / 11 / 2013

Transaction ID : 36226483

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Dana Mc Dermott

Mailing Address 361 BISON VIEW LN

City

THERMOPOLIS

State

WY

Zip Code

82443-8401

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

07 / 12 / 2013

Transaction ID : 36233112

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Brian Cin

Mailing Address 17342 ALICE LOOP

City

EAGLE RIVER

State

AK

Zip Code

99577-7579

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 ▼

350.00

Date of Receipt

07 / 13 / 2013

Transaction ID : 36233848

Amount of Each Receipt this Period

50.00

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

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

675.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Edwin Endo

Mailing Address 98-828 HILIU PL

City

AIEA

State

HI

Zip Code

96701-2785

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 ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2013

Transaction ID : 36233849

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Dr Jeffrey David Hill

Mailing Address 126 Treymoor Dr

City

Alabaster

State

AL

Zip Code

35007-3150

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2013

Transaction ID : 36233850

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Gilbert Pierce

Mailing Address 8639 Olenbrook Dr

City

Lewis Center

State

OH

Zip Code

43035-8702

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 ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2013

Transaction ID : 36233851

Amount of Each Receipt this Period

45.00

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

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

136.66

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Patrick A Lenane

Mailing Address 2721 N 13Th St

City

Fort Dodge

State

IA

Zip Code

50501-7210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 13 / 2013

Transaction ID : 36233853

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr William Aston II

Mailing Address 8500 Waterfront Ct

City

Fort Worth

State

TX

Zip Code

76179-2504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 13 / 2013

Transaction ID : 36233855

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Dr Jeffrey K Smith

Mailing Address 145 Unity Ln

City

Crossett

State

AR

Zip Code

71635-9175

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

07 / 13 / 2013

Transaction ID : 36233856

Amount of Each Receipt this Period

200.00

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

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

350.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Markus Barth

Mailing Address 1346 HELLER DR

City
YARDLEY

State
PA

Zip Code
19067-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 14 / 2013

Transaction ID : 36233898

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Brian Plattner

Mailing Address 917 S Market St

City
Knoxville

State
IL

Zip Code
61448-1299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 14 / 2013

Transaction ID : 36233899

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

c. Dr Sarah C Gordon

Mailing Address 252 Inverness Center Dr

City
Birmingham

State
AL

Zip Code
35242-4834

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 14 / 2013

Transaction ID : 36233901

Amount of Each Receipt this Period

50.00

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

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

176.67

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr David Edward Magnus

Mailing Address Po Box 2144

City State Zip Code
Corrales NM 87048-2144

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 14 / 2013

Transaction ID : 36233902

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Greg Caldwell

Mailing Address 225 Terrace Dr

City State Zip Code
Lilly PA 15938-5819

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 ▼

1166.69

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 14 / 2013

Transaction ID : 36233904

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr Steven Richlin

Mailing Address 16225 Quemada Rd

City State Zip Code
Encino CA 91436-3620

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 / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : 36233925

Amount of Each Receipt this Period

500.00

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

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

716.67

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr David Parker

Mailing Address 4889 Bobo Pl

City

Olive Branch

State

MS

Zip Code

38654-8223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 15 / 2013

Transaction ID : 36233926

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Scott L Nehring

Mailing Address 32840 S Meridian Rd

City

Woodburn

State

OR

Zip Code

97071-8768

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

294.00

Date of Receipt

07 / 15 / 2013

Transaction ID : 36233927

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

c. Dr Katherine Baughman

Mailing Address 931 Burrell Ave

City

Lewiston

State

ID

Zip Code

83501-4912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 15 / 2013

Transaction ID : 36233929

Amount of Each Receipt this Period

30.00

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

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

113.67

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Randy Andregg

Mailing Address 11368 W Hickory Hill Ct

City

Boise

State

ID

Zip Code

83713-2467

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 ▼

291.69

Date of Receipt

07 / 15 / 2013

Transaction ID : 36233930

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Jared Walker

Mailing Address 609 Diamond Dr

City

Kimberly

State

ID

Zip Code

83341-1938

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 ▼

210.00

Date of Receipt

07 / 15 / 2013

Transaction ID : 36233931

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

c. Dr Gary P Walker

Mailing Address 1733 W Wildflower Ln

City

Twin Falls

State

ID

Zip Code

83301-3691

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 ▼

210.00

Date of Receipt

07 / 15 / 2013

Transaction ID : 36233932

Amount of Each Receipt this Period

30.00

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

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

101.67

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Raymond Greene

Mailing Address 3207 N 22nd St

City

Coeur D Alene

State

ID

Zip Code

83815-6321

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 ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : 36233933

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Dr Jennifer E Davis

Mailing Address 16 Pambrook Dr

City

Fishersville

State

VA

Zip Code

22939-2123

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 ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : 36233935

Amount of Each Receipt this Period

41.80

Full Name (Last, First, Middle Initial)

C. Dr Jessica Peel

Mailing Address 3115 Silverwood St

City

Billings

State

MT

Zip Code

59102-0655

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : 36233936

Amount of Each Receipt this Period

50.00

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

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

122.22

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Curtis Ono

Mailing Address 822 W Barrett St

City
Seattle

State
WA

Zip Code
98119-1829

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 ▼

668.00

Date of Receipt

07 / 15 / 2013

Transaction ID : 36233937

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

B. Dr Charlotte F Nielsen

Mailing Address 1120 E Washington St

City
Grayslake

State
IL

Zip Code
60030-7960

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

07 / 15 / 2013

Transaction ID : 36233939

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Martin Carroll

Mailing Address 3700 Essex Rd

City
Cheyenne

State
WY

Zip Code
82001-1641

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 ▼

600.00

Date of Receipt

07 / 15 / 2013

Transaction ID : 36233943

Amount of Each Receipt this Period

200.00

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

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

467.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Bruce Manning

Mailing Address 487 Whitebark Cir

City State Zip Code
Wadsworth OH 44281-2299

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 ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2013

Transaction ID : 36236263

Amount of Each Receipt this Period

31.00

Full Name (Last, First, Middle Initial)

B. Dr Michele R Haranin

Mailing Address 301 Concord Rd

City State Zip Code
Dover DE 19904-9100

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 ▼

356.84

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2013

Transaction ID : 36236266

Amount of Each Receipt this Period

48.64

Full Name (Last, First, Middle Initial)

C. Dr Joanna Haws

Mailing Address 5500 66TH WAY SE

City State Zip Code
LACEY WA 98513-4956

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 / D D / Y Y Y Y Y
07 / 17 / 2013

Transaction ID : 36247163

Amount of Each Receipt this Period

100.00

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

179.64

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Daniel J Kosterman

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 ▼

595.00

Date of Receipt

07 / 17 / 2013

Transaction ID : 36247164

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Dr Dennis A Swarner

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 ▼

595.00

Date of Receipt

07 / 17 / 2013

Transaction ID : 36247165

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Dr Lee Ann Barrett

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 ▼

350.00

Date of Receipt

07 / 17 / 2013

Transaction ID : 36247167

Amount of Each Receipt this Period

50.00

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

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

220.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr George W Veliky

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 ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2013

Transaction ID : 36247169

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Dr Freddie M Mayes

Mailing Address 117 Magnolia Dr

City

Central City

State

KY

Zip Code

42330-1727

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2013

Transaction ID : 36247171

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Dr Larry C Wallis

Mailing Address 20 Kentshire Ct

City

Greenville

State

DE

Zip Code

19807-2583

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2013

Transaction ID : 36247172

Amount of Each Receipt this Period

40.00

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

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

135.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Scott M Walters

Mailing Address 1025 Nw Regent Dr

City

Grants Pass

State

OR

Zip Code

97526-3383

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 18 / 2013

Transaction ID : 36250573

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Stevin Robert Minie

Mailing Address 17601 San Fernando Mission Blvd

City

Granada Hills

State

CA

Zip Code

91344-4038

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 ▼

275.00

Date of Receipt

07 / 18 / 2013

Transaction ID : 36250574

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Dr Thomas Annunziato

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 ▼

499.98

Date of Receipt

07 / 18 / 2013

Transaction ID : 36250579

Amount of Each Receipt this Period

83.33

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

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

378.33

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

Use separate schedule(s)
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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 ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2013

Transaction ID : 36252337

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 ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2013

Transaction ID : 36252338

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Dr Wanda C Batson

Mailing Address 8120 Rock Hill Rd

City

Baker

State

FL

Zip Code

32531-7337

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2013

Transaction ID : 36252339

Amount of Each Receipt this Period

250.00

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

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

310.84

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

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

FOR LINE NUMBER:
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☒ 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 Harue Jean Marsden

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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.80

Date of Receipt

07 / 19 / 2013

Transaction ID : 36252342

Amount of Each Receipt this Period

194.40

Full Name (Last, First, Middle Initial)

B. Dr Mitchell Todd Munson

Mailing Address 9940 ASHLEIGH WAY

City

HIGHLANDS RANCH

State

CO

Zip Code

80126-4244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1168.58

Date of Receipt

07 / 19 / 2013

Transaction ID : 36252343

Amount of Each Receipt this Period

166.94

Full Name (Last, First, Middle Initial)

C. Dr Susan Brunnett

Mailing Address 9940 ASHLEIGH WAY

City

HIGHLANDS RANCH

State

CO

Zip Code

80126-4244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

07 / 19 / 2013

Transaction ID : 36252344

Amount of Each Receipt this Period

166.67

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

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

528.01

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

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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Wayne Maltz

Mailing Address 10801 VALLEY HILLS DR

City
HOUSTON

State
TX

Zip Code
77071-1610

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

MM / DD / YYYY
07 / 20 / 2013

Transaction ID : 36253071

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Marc Robert Bloomenstein

Mailing Address 5101 E CALAVAR RD

City
SCOTTSDALE

State
AZ

Zip Code
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 ▼

700.00

Date of Receipt

MM / DD / YYYY
07 / 20 / 2013

Transaction ID : 36253073

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Kevin Alexander

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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
07 / 20 / 2013

Transaction ID : 36253074

Amount of Each Receipt this Period

50.00

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

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

250.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert Parks

Mailing Address 86 Darlene Dr

City

Wakefield

State

RI

Zip Code

02879-8307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

218.75

Date of Receipt

07 / 20 / 2013

Transaction ID : 36253075

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

B. Dr Jeffrey Gonnason

Mailing Address 6721 GLOUCESTER PL

City

ANCHORAGE

State

AK

Zip Code

99504-3343

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

588.00

Date of Receipt

07 / 20 / 2013

Transaction ID : 36253076

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

c. Dr Kathleen Goff

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

07 / 20 / 2013

Transaction ID : 36253077

Amount of Each Receipt this Period

83.34

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

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

198.59

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Dennis Brtva

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2013

Transaction ID : 36253079

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Lynn Smith Hammonds

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 ▼

500.01

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2013

Transaction ID : 36253080

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr David Hays

Mailing Address 8720 52nd Street Ct W

City

University Place

State

WA

Zip Code

98467-1758

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 ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 21 / 2013

Transaction ID : 36253083

Amount of Each Receipt this Period

84.00

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

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

350.67

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

Use separate schedule(s)
for each category of the
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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

Mailing Address 159 Sunflower St

City

Casper

State

WY

Zip Code

82604-3805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

07 / 21 / 2013

Transaction ID : 36253084

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Dr Kent Hillery

Mailing Address 16448 COUNTRY CLUB DR

City

PEOSTA

State

IA

Zip Code

52068-9710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 21 / 2013

Transaction ID : 36253085

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Dr Mary Lynn Gregory

Mailing Address 3332 120th Ave

City

Clear Lake

State

MN

Zip Code

55319-9506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

352.09

Date of Receipt

07 / 21 / 2013

Transaction ID : 36253088

Amount of Each Receipt this Period

49.59

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

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

134.59

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Randolph Brooks

Mailing Address 3 Schindler Dr

City Succasunna State NJ Zip Code 07876-1183

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

07 / 21 / 2013

Transaction ID : 36253089

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Ronald Lee Hopping

Mailing Address 1801 Creekside Dr

City Friendswood State TX Zip Code 77546-7821

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

07 / 21 / 2013

Transaction ID : 36253091

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

c. Dr Desiree Tyler Hopping

Mailing Address 1801 Creekside Dr

City Friendswood State TX Zip Code 77546-7821

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

07 / 21 / 2013

Transaction ID : 36253092

Amount of Each Receipt this Period

166.67

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

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

533.34

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jan Cooper

Mailing Address 101 Chandler W

City Highland State CA Zip Code 92346-5482

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 ▼

500.01

Date of Receipt

07 / 21 / 2013

Transaction ID : 36253093

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr David K Talley

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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

07 / 22 / 2013

Transaction ID : 36253096

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Dr Blaine Bird

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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

07 / 22 / 2013

Transaction ID : 36253097

Amount of Each Receipt this Period

30.42

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

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

282.09

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert Craig Janot

Mailing Address 100 Orchard St

City State Zip Code
 Sulphur LA 70663-6268

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 ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 22 2013

Transaction ID : 36253098

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Michelle Wika Chaney

Mailing Address 3614 Coneflower Dr

City State Zip Code
 Fort Collins CO 80521-7542

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 22 2013

Transaction ID : 36253100

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Dr Scott Burks

Mailing Address Po Box 1351

City State Zip Code
 Buffalo MO 65622-1351

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 / D D / Y Y Y Y Y Y
 07 22 2013

Transaction ID : 36253101

Amount of Each Receipt this Period

100.00

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

186.67

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Joseph J Jordan Jr

Mailing Address 971 Suncook Valley Rd

City

Alton

State

NH

Zip Code

03809-5212

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 ▼

1166.69

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 36264827

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Paul Anton Hodge

Mailing Address 3042 118th Ave

City

Allegan

State

MI

Zip Code

49010-9555

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 36264828

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Dr Jeff A Hayden

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 36264830

Amount of Each Receipt this Period

100.00

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

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

316.67

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Richard W Phillips

Mailing Address 1977 Spring Hollow Ln

City

Germantown

State

TN

Zip Code

38139-5675

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

MM / DD / YYYY
07 / 23 / 2013

Transaction ID : 36264831

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. DR Barry Barresi

Mailing Address 659 Spyglass Summit Dr

City

Chesterfield

State

MO

Zip Code

63017-2142

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 ▼

1166.69

Date of Receipt

MM / DD / YYYY
07 / 23 / 2013

Transaction ID : 36264832

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

c. Dr Larry D Stoppel

Mailing Address 123 W 4Th St

City

Washington

State

KS

Zip Code

66968-2203

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

MM / DD / YYYY
07 / 23 / 2013

Transaction ID : 36264833

Amount of Each Receipt this Period

91.25

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

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

382.92

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Ron Benner

Mailing Address 1408 E Maryland Ln

City

Laurel

State

MT

Zip Code

59044-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1060.02

Date of Receipt

07 / 23 / 2013

Transaction ID : 36264835

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Chris R Fields

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1169.00

Date of Receipt

07 / 23 / 2013

Transaction ID : 36264836

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

c. Dr Samuel F Wolfson

Mailing Address 4655 Vinewood Ln N

City

Plymouth

State

MN

Zip Code

55442-2336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 16 / 2013

Transaction ID : 36274254

Amount of Each Receipt this Period

300.00

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

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

633.67

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr David W Wineland

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 ▼

890.75

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2013

Transaction ID : 36274255

Amount of Each Receipt this Period

127.25

Full Name (Last, First, Middle Initial)

B. Dr John Mullins

Mailing Address 599 BUCKHEAD

City

AVON LAKE

State

OH

Zip Code

44012-2364

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
07 / 16 / 2013

Transaction ID : 36274256

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

c. Dr Daniel Perala

Mailing Address 2827 Whitetail Rd

City

Cheyenne

State

WY

Zip Code

82009-1424

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

M M / D D / Y Y Y Y Y
07 / 11 / 2013

Transaction ID : 36274265

Amount of Each Receipt this Period

1000.00

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

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

1277.25

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

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Detailed Summary Page

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☒ 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 Charles Fitzpatrick

Mailing Address 18 Byron Dr

City

Mount Laurel

State

NJ

Zip Code

08054-4700

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

07 / 11 / 2013

Transaction ID : 36274266

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Linda Pinsky

Mailing Address 5730 Turkey Oak Rd

City

North Chesterfield

State

VA

Zip Code

23237-3912

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

07 / 12 / 2013

Transaction ID : 36274270

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Rose Marie Betz

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 ▼

600.00

Date of Receipt

07 / 11 / 2013

Transaction ID : 36274281

Amount of Each Receipt this Period

100.00

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

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

1100.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Rebecca H Wartman

Mailing Address 46 Lambeth Walk

City

Fairview

State

NC

Zip Code

28730-7721

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 ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 36274291

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Jacqueline Bowen

Mailing Address 3930 W 19th Street Ln

City

Greeley

State

CO

Zip Code

80634-3446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2013

Transaction ID : 36274796

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Pierre J Ancil

Mailing Address 12 Garden Dr

City

Colorado Spgs

State

CO

Zip Code

80904-4414

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2013

Transaction ID : 36274798

Amount of Each Receipt this Period

50.00

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

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

300.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Lynn Hellerstein

Mailing Address 8611 E OTERO PL

City
CENTENNIAL

State Zip Code
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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2013

Transaction ID : 36274799

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Steven Thomas Reed

Mailing Address 4550 Simpson Highway 28 W

City
Magee

State Zip Code
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 ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2013

Transaction ID : 36274802

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

C. Dr Randall Hoch

Mailing Address 206 Fox Farm Rd

City
Lewistown

State Zip Code
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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2013

Transaction ID : 36274811

Amount of Each Receipt this Period

100.00

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

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

240.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Dori Carlson

Mailing Address 121 Briggs Ave N

City

Park River

State

ND

Zip Code

58270-4507

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 ▼

1166.69

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2013

Transaction ID : 36274812

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr John Bowen

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 ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 25 / 2013

Transaction ID : 36275096

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

C. Dr Stacie Layne Virden

Mailing Address 4324 Green Point Dr

City

Waco

State

TX

Zip Code

76710-1406

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 ▼

636.37

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 25 / 2013

Transaction ID : 36275097

Amount of Each Receipt this Period

90.91

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

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

341.58

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Ashley Mc Ferron

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 ▼

791.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 25 2013

Transaction ID : 36275098

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Charles Atwell

Mailing Address 238 Chasse Cir

City State Zip Code
 St Charles IL 60174-1418

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 ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 25 2013

Transaction ID : 36275099

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. Dr Christopher L Eddy

Mailing Address 6306 Buchanan St

City State Zip Code
 Fort Collins CO 80525-5810

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 ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 25 2013

Transaction ID : 36275100

Amount of Each Receipt this Period

84.00

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

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

167.67

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Rustin Hatch

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 ▼

373.31

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 25 / 2013

Transaction ID : 36275101

Amount of Each Receipt this Period

53.33

Full Name (Last, First, Middle Initial)

B. Dr Steven Brownmiller

Mailing Address 1004 RIDGE RD

City

DENISON

State

IA

Zip Code

51442-1124

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
07 / 25 / 2013

Transaction ID : 36275102

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr Robert Owens

Mailing Address 8 Century Ln

City

Newmanstown

State

PA

Zip Code

17073-8982

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 25 / 2013

Transaction ID : 36275104

Amount of Each Receipt this Period

50.00

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

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

228.33

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Elizabeth McMunn

Mailing Address 34 Quailcrest Rd

City

East Lyme

State

CT

Zip Code

06333-1328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 25 / 2013

Transaction ID : 36275105

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Frederick Darin

Mailing Address 405 TIRRELL RD

City

CHARLOTTE

State

MI

Zip Code

48813-2131

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 ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 25 / 2013

Transaction ID : 36275106

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

c. Dr Mamie Cassandra Chan

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 25 / 2013

Transaction ID : 36275108

Amount of Each Receipt this Period

50.00

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

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

498.33

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mark R Lee

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 25 / 2013

Transaction ID : 36275109

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Dr Christopher Colburn

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 ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 25 / 2013

Transaction ID : 36275110

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Dr Beth A Kneib

Mailing Address 602 Nw 163Rd St

City

Shoreline

State

WA

Zip Code

98177-3727

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 ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 25 / 2013

Transaction ID : 36275112

Amount of Each Receipt this Period

41.67

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

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

155.01

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mario Joseph Contaldi

Mailing Address 7728 Mid Cities Blvd

City

N Richlnd Hls

State

TX

Zip Code

76180-4621

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 ▼

836.37

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 25 / 2013

Transaction ID : 36275113

Amount of Each Receipt this Period

90.91

Full Name (Last, First, Middle Initial)

B. Dr Pamela E Theriot

Mailing Address 612 University Ave

City

Syracuse

State

NY

Zip Code

13210-1807

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : 36275413

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Dr D. Cory Rath

Mailing Address 10748 SPRUCEDALE AVE

City

LAS VEGAS

State

NV

Zip Code

89144-4401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : 36275414

Amount of Each Receipt this Period

100.00

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

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

240.91

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Tonia Batts

Mailing Address 285 BOCKMAN RD

City

FULTON

State

KY

Zip Code

42041-6537

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 ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : 36275415

Amount of Each Receipt this Period

92.00

Full Name (Last, First, Middle Initial)

B. Dr Barry J Jose

Mailing Address 2409 Wintersteen Rd

City

Plattsouth

State

NE

Zip Code

68048-8958

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 ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : 36275416

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Dr Audie M Teague Jr

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 ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : 36275417

Amount of Each Receipt this Period

84.00

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

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

217.67

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

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

FOR LINE NUMBER: PAGE 65 OF 85
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Richard L Talkington

Mailing Address Po Box 521

City

Franklin

State

NH

Zip Code

03235-0521

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : 36275418

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr C. Thomas Crooks III

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2013

Transaction ID : 36279563

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Thomas Nye

Mailing Address 42 TABOR LN

City

HAMILTON

State

OH

Zip Code

45013-5118

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2013

Transaction ID : 36279564

Amount of Each Receipt this Period

100.00

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

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

250.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 85
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Maryjane Healey

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

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2013

Transaction ID : 36279565

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Sue Lowe

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 ▼

1166.69

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2013

Transaction ID : 36279660

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr Neil Draisin

Mailing Address 21 FAIRWAY VILLAGE LN

City

ISLE OF PALMS

State

SC

Zip Code

29451-2732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2013

Transaction ID : 36279661

Amount of Each Receipt this Period

41.67

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

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

408.34

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

Use separate schedule(s)
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(check only one)

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☐ 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 Jennifer M. Smi Zolman

Mailing Address 141 Sea Cotton Cir

City

Charleston

State

SC

Zip Code

29412-8296

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 ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2013

Transaction ID : 36279662

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Mira Swiecicki

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 ▼

1194.22

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2013

Transaction ID : 36279664

Amount of Each Receipt this Period

162.00

Full Name (Last, First, Middle Initial)

C. Dr Timothy A Stafford

Mailing Address 1012 Julius Richardson Rd

City

Irmo

State

SC

Zip Code

29063-9740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2013

Transaction ID : 36279665

Amount of Each Receipt this Period

500.00

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

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

703.67

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Peter H Kehoe

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2013

Transaction ID : 36279667

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. Dr Lynn Davis

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2013

Transaction ID : 36279668

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Dr Andrea P Thau

Mailing Address 145 E 84Th St
Apt 11A

City

New York

State

NY

Zip Code

10028-2058

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2013

Transaction ID : 36279670

Amount of Each Receipt this Period

166.67

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

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

425.01

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Paul W Bohac

Mailing Address 5775 Wyncliff Rd

City

N Charleston

State

SC

Zip Code

29418-5220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

233.38

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2013

Transaction ID : 36279673

Amount of Each Receipt this Period

33.34

Full Name (Last, First, Middle Initial)

B. Dr Thomas Lucas JR

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2013

Transaction ID : 36279675

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr Carey Patrick

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2013

Transaction ID : 36279676

Amount of Each Receipt this Period

100.00

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

333.34

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Derek Louie

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 ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2013

Transaction ID : 36279677

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Dr Steven Leon Haleo

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 ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2013

Transaction ID : 36279680

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Dr Taya Patzman

Mailing Address 1320 Crestview Ln

City

Bismarck

State

ND

Zip Code

58501-3048

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 Y
07 / 28 / 2013

Transaction ID : 36279681

Amount of Each Receipt this Period

125.00

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

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

197.42

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Hilaire Pressley

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2013

Transaction ID : 36279682

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr David M Redman

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 ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2013

Transaction ID : 36279683

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Dr Richard Edlow

Mailing Address 8913 GRIFFIN WAY

City

BALTIMORE

State

MD

Zip Code

21208-1424

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 ▼

586.84

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2013

Transaction ID : 36279684

Amount of Each Receipt this Period

82.64

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

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

174.31

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr David Frazee

Mailing Address 4962 Shoreline Dr

City State Zip Code
 Frisco TX 75034-4058

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 28 2013

Transaction ID : 36279685

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Kevin Gee

Mailing Address 9119 Highway 6 Ste 200

City State Zip Code
 Missouri City TX 77459-4876

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 ▼

1091.22

Date of Receipt

M M / D D / Y Y Y Y Y
 07 28 2013

Transaction ID : 36279686

Amount of Each Receipt this Period

181.88

Full Name (Last, First, Middle Initial)

C. Dr Deborah Bernay

Mailing Address 1702 RUSTIC OAK LN

City State Zip Code
 SEABROOK TX 77586-4556

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 ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 28 2013

Transaction ID : 36279687

Amount of Each Receipt this Period

120.00

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

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

501.88

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Kristofer K Thornton

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2013

Transaction ID : 36279688

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Lanny Duclos JR

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2013

Transaction ID : 36279691

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Robert Goerss

Mailing Address 3120 Brookford Dr

City

Saint Charles

State

MO

Zip Code

63303-6356

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2013

Transaction ID : 36279692

Amount of Each Receipt this Period

50.00

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

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

150.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Michael Bennett

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2013

Transaction ID : 36279698

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Trevor Cleveland

Mailing Address 3726 Robbie St

City

Eugene

State

OR

Zip Code

97404-1996

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

467.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2013

Transaction ID : 36279701

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

C. Dr Dorothy Hitchmoth

Mailing Address PO Box 302

City

New London

State

NH

Zip Code

03257-0302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

616.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2013

Transaction ID : 36281293

Amount of Each Receipt this Period

88.00

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

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

421.67

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr James Herman

Mailing Address 206 Summit Dr

City

Scott Depot

State

WV

Zip Code

25560-8903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2013

Transaction ID : 36281295

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Dr Jeffrey Autrey

Mailing Address 125 Regent Dr

City

Bel Air

State

MD

Zip Code

21014-5930

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2013

Transaction ID : 36281296

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Glenda Brown

Mailing Address 80 IDLEGATE CT

City

ALPHARETTA

State

GA

Zip Code

30022-5509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2013

Transaction ID : 36281297

Amount of Each Receipt this Period

500.00

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

3000.00

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 76 OF 85

☒ 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 Dale G Lervick

Mailing Address 2876 W Long Dr

Apt D

City

Littleton

State

CO

Zip Code

80120-8131

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 ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2013

Transaction ID : 36281298

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Linda Casser

Mailing Address 21 Breyer Ct

City

Elkins Park

State

PA

Zip Code

19027-1350

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 ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2013

Transaction ID : 36281299

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Ms Linda Ross Aldy

Mailing Address 141 Executive Dr Ste 5

City

Madison

State

MS

Zip Code

39110-8457

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mississippi Opt Assn, Inc

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2013

Transaction ID : 36281300

Amount of Each Receipt this Period

365.00

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

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

1095.00

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)

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☒ 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 Candace D Hamel

Mailing Address 28900 Se Currin Rd

City

Estacada

State

OR

Zip Code

97023-8835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Optometric Physicians Associati

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

07 / 19 / 2013

Transaction ID : 36281302

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Frank Thomas Chinisci

Mailing Address 8315 Holbrook St Ne

City

Albuquerque

State

NM

Zip Code

87122-3841

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 ▼

365.00

Date of Receipt

07 / 23 / 2013

Transaction ID : 36281828

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dr Robert Buckingham

Mailing Address 6385 COTTONWOOD AVE

City

BIG RAPIDS

State

MI

Zip Code

49307-9146

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

07 / 26 / 2013

Transaction ID : 36281829

Amount of Each Receipt this Period

250.00

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

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

1615.00

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

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

FOR LINE NUMBER: PAGE 78 OF 85
(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 Robert G Le Sage

Mailing Address 1380 Burgundy Dr

City

Fort Myers

State

FL

Zip Code

33919-2706

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

07 / 30 / 2013

Transaction ID : 36308878

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Jeri Ann Schneebeck

Mailing Address 10036 E Pinewood Dr

City

Parker

State

CO

Zip Code

80138-7804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 26 / 2013

Transaction ID : 36310531

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Mike Panetta

Mailing Address 1331 G Street, NW
Suite 900

City

Washington

State

DC

Zip Code

20005-3144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beekeeper Group

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

07 / 01 / 2013

Transaction ID : 36341300

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B Totalling \$10.00 This changes the YTD Total to \$0.00

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

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

1200.00

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 79 OF 85

☒ 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. Ms Julie Trute

Mailing Address 1505 Prince Street
Suite 300

City Alexandria State VA Zip Code 22314-2874

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Optometric Assn

Occupation
PAC Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2013

Transaction ID : 36341302

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B Totalling \$10.00 This changes
the YTD Total to \$0.00

Full Name (Last, First, Middle Initial)

B.

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

Full Name (Last, First, Middle Initial)

C.

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)..... ►

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

0.00

38495.17

<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

American Optometric Association Political Action Committee

A. Bank of America

001

968.32

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Visa/MC Fees

B. Bank of America

001

316.12

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

American Express Fees

C. Bank of America

001

82.38

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Bank Fees

1366.82

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. WellsFargo

Mailing Address 1650 Tyson Blvd.

City	State	Zip Code
McLean	VA	22102

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2013

Transaction ID : 36309260

Amount of Each Disbursement this Period

1109.97

Bank Fees

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1109.97

2476.79

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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 Tammy DuckworthMailing Address 1841 W Henderson
Apt. 2

City Chicago State IL Zip Code 60657

Purpose of Disbursement
Void Check

011

Category/
Type

Candidate Name

L. Tammy DuckworthOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2013

Transaction ID : 36205643

Amount of Each Disbursement this Period

-2500.00

Void Check

Full Name (Last, First, Middle Initial)

B. Duckworth For Congress

Mailing Address PO Box 59568

City Schaumburg State IL Zip Code 60159

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rep. Tammy DuckworthOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2013

Transaction ID : 36205645

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Pallone For Senate

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Frank Pallone JrOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼

State: NJ District: Special-Primary2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2013

Transaction ID : 36223963

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

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

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. ORRINPACMailing Address 310 South Main
Suite 1420

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
Void CheckCandidate Name
ORRINPACOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 10 2013**Transaction ID : 36224007**

Amount of Each Disbursement this Period

-2500.00

Void Check

Full Name (Last, First, Middle Initial)

B. ORRINPACMailing Address 310 South Main
Suite 1420

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
Committee ContributionCandidate Name
ORRINPACOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 10 2013**Transaction ID : 36224010**

Amount of Each Disbursement this Period

5000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

C. Reed Committee

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920

Purpose of Disbursement
Candidate ContributionCandidate Name
Sen. Jack Francis ReedOffice Sought: ☐ House
☒ Senate
☐ President
State: RI District:Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 10 2013**Transaction ID : 36225983**

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Tom Reed For Congress

Mailing Address PO Box 450

City	State	Zip Code
Victor	NY	14564

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Tom ReedOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2013

Transaction ID : 36226797

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Buddy Carter For Congress

Mailing Address 200 E St Julian St Suite 603

City	State	Zip Code
Savannah	GA	31401

Purpose of Disbursement
Candidate Contribution

Candidate Name

Earl CarterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2013

Transaction ID : 36247184

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Steve Daines For Montana

Mailing Address PO Box 1598

City	State	Zip Code
Helena	MT	59624

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Steve DainesOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2013

Transaction ID : 36274992

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

5000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 OF 85

<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. Mcnerney For Congress

Mailing Address P.O. Box 690371

City	State	Zip Code
Stockton	CA	95269

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Jerry McNeerneyCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2013

Transaction ID : 36275124

Amount of Each Disbursement this Period

3500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Hall For Congress Committee

Mailing Address Post Office Box 711

City	State	Zip Code
Rockwall	TX	75087

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Ralph M. HallCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2013

Transaction ID : 36280027

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:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

6000.00

19500.00
