

**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 34 OF 128 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Dr. Ian B Gaddie
Full Name (Last, First, Middle Initial)

Mailing Address 5600 Schuler Ln

City Prospect State KY Zip Code 40059-9501

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 / 15 / 2015**

Transaction ID : 38371012

Amount of Each Receipt this Period **250.00**

B. Dr. Glenda B Brown
Full Name (Last, First, Middle Initial)

Mailing Address 4392 Grove Field Court

City Suwanee State GA Zip Code 30024-6758

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 ▼ **682.58**

Date of Receipt **07 / 16 / 2015**

Transaction ID : 38372805

Amount of Each Receipt this Period **63.50**

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

Mailing Address 321 Monterey Way

City Vancouver State WA Zip Code 98661-6049

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 / 16 / 2015**

Transaction ID : 38372812

Amount of Each Receipt this Period **50.00**

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 363.50 |
| TOTAL This Period (last page this line number only).....▶ | |