

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

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

FOR LINE NUMBER: PAGE 60 OF 128  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr. James P Furcolow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1028 La Mirada St  
 City Laguna Beach State CA Zip Code 92651-3570  
 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 M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2015  
**Transaction ID : 38404872**  
 Amount of Each Receipt this Period  
 250.00

**B. DR Finis C Bailey JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 Mary Irene Ln  
 City Searcy State AR Zip Code 72143-8982  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2015  
**Transaction ID : 38404873**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Troy D Bornhorst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1072 Arborcrest Dr  
 City Hinckley State OH Zip Code 44233-9150  
 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 M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2015  
**Transaction ID : 38404874**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶