

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Optometric Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		381934.84
(b) Cash on Hand at Beginning of Reporting Period.....	532574.19	
(c) Total Receipts (from Line 19)	72688.68	941027.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	605262.87	1322962.00
7. Total Disbursements (from Line 31).....	131255.18	848954.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	474007.69	474007.69
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Optometric Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	51636.08	685096.35
(ii) Unitemized	21008.28	250255.37
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	72644.36	935351.72
(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)	72644.36	935351.72
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	5375.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	44.32	300.44
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))..... ▶	72688.68	941027.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	72688.68	941027.16

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	2755.18	193739.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2755.18	193739.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	128500.00	639450.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2765.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2765.00
29. Other Disbursements	0.00	13000.00
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)) ..	131255.18	848954.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	131255.18	848954.31

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)	72644.36	935351.72
34. Total Contribution Refunds (from Line 28(d))	0.00	2765.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	72644.36	932586.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2755.18	193739.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2755.18	193739.31

**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 6 OF 156
	<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	

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

Mailing Address 245 Shadowbrook Dr

City Roswell State GA Zip Code 30075-4600

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
12 / 01 / 2015
Transaction ID : 38790517

Amount of Each Receipt this Period
250.00

B. Dr. Keshia Casimir
Full Name (Last, First, Middle Initial)

Mailing Address 6015 California Ave SW 301 301

City Seattle State WA Zip Code 98136-1675

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
12 / 01 / 2015
Transaction ID : 38790518

Amount of Each Receipt this Period
25.00

C. Dr. Matthew E Esperon
Full Name (Last, First, Middle Initial)

Mailing Address 392 Kinderkamack Rd

City Hillsdale State NJ Zip Code 07642-1643

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
12 / 01 / 2015
Transaction ID : 38790519

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. David L Parker
 Full Name (Last, First, Middle Initial)
 Mailing Address 4889 Bobo Pl
 City State Zip Code
 Olive Branch MS 38654-8223
 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 ▼
 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : 38790520
 Amount of Each Receipt this Period
 41.67

B. Dr. Trent Pitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 3011 NW 63rd St Ste A
 City State Zip Code
 Oklahoma City OK 73116-3642
 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 ▼
 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : 38790521
 Amount of Each Receipt this Period
 41.67

C. Dr. Paul Philippe Cote
 Full Name (Last, First, Middle Initial)
 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 ▼
 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : 38790522
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.01
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Scott Alan Bowker
 Full Name (Last, First, Middle Initial)
 Mailing Address 1618 Northwood Dr
 City Denison State IA Zip Code 51442-1084
 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 ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : 38790523
 Amount of Each Receipt this Period
 45.00

B. Kimberly Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 14450 NE 29th Place Ste. 115
 City Bellevue State WA Zip Code 98007-3697
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Optometric Physicians of Washington Executive Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 306.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : 38790524
 Amount of Each Receipt this Period
 51.00

C. Dr. Dean E Riskedahl
 Full Name (Last, First, Middle Initial)
 Mailing Address 2092 32nd Ave NE
 City Issaquah State WA Zip Code 98029-7349
 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 ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 38795672
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 126.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 156
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr. Ronald Lee Hopping
 Full Name (Last, First, Middle Initial)
 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 Self Employed
 Occupation Doctor of Optometry, MPH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 38795673
 Amount of Each Receipt this Period
 119.05

B. Dr. Desiree Tyer Hopping
 Full Name (Last, First, Middle Initial)
 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 Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 38795674
 Amount of Each Receipt this Period
 59.52

C. Dr. George W Hertneky
 Full Name (Last, First, Middle Initial)
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 38795676
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	228.57
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Kristi K Poe
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Beacon Hill Dr
 City Longview State WA Zip Code 98632-5805
 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 ▼
 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 38795677
 Amount of Each Receipt this Period
 20.00

B. Dr. Robert A Sorensen
 Full Name (Last, First, Middle Initial)
 Mailing Address 8445 N Government Way
 City Hayden State ID Zip Code 83835-9280
 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 ▼
 462.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 38795679
 Amount of Each Receipt this Period
 42.00

C. Dr. Michael P Weisgerber
 Full Name (Last, First, Middle Initial)
 Mailing Address 61269 Coralburst Dr
 City Washington State MI Zip Code 48094-1746
 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 ▼
 398.27

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 38795680
 Amount of Each Receipt this Period
 33.19

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.19
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 11 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Jared E Birch
 Full Name (Last, First, Middle Initial)
 Mailing Address 1202 Ashland Dr
 City Ammon State ID Zip Code 83406-4574
 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 ▼
 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 38795682
 Amount of Each Receipt this Period
 50.00

B. DR Paul H Cook JR
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2700
 City Frisco State CO Zip Code 80443-2700
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 38795684
 Amount of Each Receipt this Period
 120.00

C. Dr. Dan Hock
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Eagle Nest Trl
 City Evergreen State CO Zip Code 80439-4242
 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 ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 38795686
 Amount of Each Receipt this Period
 80.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 156
(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. Michael Ernest Heil

Mailing Address 25904 210th Ave SE

City State Zip Code
 Maple Valley WA 98038-7530

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 ▼
 1310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 38834633

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Dr. Barry J Jose

Mailing Address 2409 Wintersteen Rd

City State Zip Code
 Plattsmouth NE 68048-8958

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 ▼
 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 38834635

Amount of Each Receipt this Period
 41.67

Full Name (Last, First, Middle Initial)
C. Dr. James H Tillman JR

Mailing Address 14330 Heath River Falls Rd

City State Zip Code
 Andalusia AL 36421-1981

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : 38838162

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 166.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 156
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	<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. Trevor J Cleveland
 Full Name (Last, First, Middle Initial)
 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 General Other (specify)
 Aggregate Year-to-Date **2004.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : 38838164
 Amount of Each Receipt this Period
167.00

B. Dr. Lynn Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 6546 JACAL CT NW
 City ALBUQUERQUE State NM Zip Code 87114-6120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.04**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : 38838165
 Amount of Each Receipt this Period
166.67

C. Dr. Lillian T Kalaczinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 7421 Treeline Dr SE
 City Grand Rapids State MI Zip Code 49546-7465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : 38838166
 Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	358.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 156
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	<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. Glenn Goldring
Full Name (Last, First, Middle Initial)

Mailing Address 209 S Grove Park Rd

City Memphis State TN Zip Code 38117-3505

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 12 / 03 / 2015
Transaction ID : 38838168

Amount of Each Receipt this Period 125.00

B. Dr. David M Anderson
Full Name (Last, First, Middle Initial)

Mailing Address 5567 Shepard Rd

City Miamisburg State OH Zip Code 45342-4728

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 12 / 03 / 2015
Transaction ID : 38838169

Amount of Each Receipt this Period 50.00

C. Dr. Elliott M Rosengarten
Full Name (Last, First, Middle Initial)

Mailing Address 7135 Shefford Ln

City Louisville State KY Zip Code 40242-2854

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 03 / 2015
Transaction ID : 38838170

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 425.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 156
	<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. Heath B Gilbert
Full Name (Last, First, Middle Initial)

Mailing Address 5277 Split Rail

City Dayton State OH Zip Code 45429-1962

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
12 / 03 / 2015

Transaction ID : 38838171

Amount of Each Receipt this Period
91.25

B. Dr. Scott M Burks
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1351

City Buffalo State MO Zip Code 65622-1351

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt
12 / 04 / 2015

Transaction ID : 38838672

Amount of Each Receipt this Period
125.00

C. Dr. Martin H Carroll
Full Name (Last, First, Middle Initial)

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 Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2200.00**

Date of Receipt
12 / 04 / 2015

Transaction ID : 38838673

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	416.25
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 156
	<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. Miki Kitahata
Full Name (Last, First, Middle Initial)

Mailing Address 1913 Driving Park Rd

City Wheaton State IL Zip Code 60187-3230

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
12 / 04 / 2015
Transaction ID : 38838676

Amount of Each Receipt this Period
50.00

B. Dr. Jeffrey K Smith
Full Name (Last, First, Middle Initial)

Mailing Address 145 Unity Ln

City Crosssett 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 General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2400.00**

Date of Receipt
12 / 05 / 2015
Transaction ID : 38841591

Amount of Each Receipt this Period
225.00

C. Dr. Richard J Wiscount
Full Name (Last, First, Middle Initial)

Mailing Address 5052 Cornerstone Rd

City Allentown State PA Zip Code 18106-9461

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
12 / 05 / 2015
Transaction ID : 38841593

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... **300.00**

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 17 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Lynette M Sundholm
 Full Name (Last, First, Middle Initial)
 Mailing Address 11006 41st Ave SE
 City Everett State WA Zip Code 98208-5463
 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 Y
 12 / 05 / 2015
Transaction ID : 38841594
 Amount of Each Receipt this Period
 30.00

B. Dr. Donald W Furman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2101 310th Street
 City Forest City State IA Zip Code 50436-8029
 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 ▼ 999.96

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 05 / 2015
Transaction ID : 38841596
 Amount of Each Receipt this Period
 83.33

C. Dr. Steven D Sloan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1723 Carriage Hill Ct
 City Dubuque State IA Zip Code 52003-8584
 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 ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 05 / 2015
Transaction ID : 38841597
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	133.33
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Dana M McDermott
 Full Name (Last, First, Middle Initial)
 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2015
Transaction ID : 38841603
 Amount of Each Receipt this Period
 750.00

B. Dr. Thomas W Hobbs
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 NE 550th Rd
 City Warrensburg State MO Zip Code 64093-7473
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : 38841604
 Amount of Each Receipt this Period
 50.00

C. Dr. David Edward Magnus
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2144
 City Corrales State NM Zip Code 87048-2144
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : 38841605
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Chris R Deibert		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 06 / 2015 Transaction ID : 38841606
Mailing Address 8 Johnson Dr		Amount of Each Receipt this Period 30.00
City Luray	State VA	Zip Code 22835-9705
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Dr. John F Insinga		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 06 / 2015 Transaction ID : 38841608
Mailing Address 30 Clover Ln		Amount of Each Receipt this Period 50.00
City Randolph	State NJ	Zip Code 07869-4529
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Dr. Steven P Eiss		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 06 / 2015 Transaction ID : 38841609
Mailing Address 5674 Keith Ln		Amount of Each Receipt this Period 42.00
City Emmaus	State PA	Zip Code 18049-5046
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 427.00	

SUBTOTAL of Receipts This Page (optional).....▶	122.00
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 20 OF 156
	<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. Pamela E Theriot
Full Name (Last, First, Middle Initial)

Mailing Address 579 W Calle La Bolita

City Sahuarita State AZ Zip Code 85629-8693

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 **12 / 07 / 2015**

Transaction ID : 38841611

Amount of Each Receipt this Period **50.00**

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

Mailing Address 6943 DARIAN CT

City DUBLIN State CA Zip Code 94568-1740

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 07 / 2015**

Transaction ID : 38841612

Amount of Each Receipt this Period **20.00**

C. Dr. Hilaire A Pressley
Full Name (Last, First, Middle Initial)

Mailing Address 4596 Treto Ave

City Las Vegas State NV Zip Code 89141-4283

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 ▼ **675.00**

Date of Receipt **12 / 07 / 2015**

Transaction ID : 38841613

Amount of Each Receipt this Period **85.00**

SUBTOTAL of Receipts This Page (optional)..... **155.00**

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

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

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

FOR LINE NUMBER: PAGE 21 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Kathleen E Powell
 Full Name (Last, First, Middle Initial)
 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 ▼ 1020.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : 38841614
 Amount of Each Receipt this Period
 85.00

B. Dr. Paul Martin Dobies
 Full Name (Last, First, Middle Initial)
 Mailing Address 1448 Evergreen Ave
 City Fullerton State CA Zip Code 92835-2027
 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 ▼ 585.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : 38841615
 Amount of Each Receipt this Period
 25.00

C. Dr. Yiu-Kin Gary Chu
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Buckman Dr
 City Lexington State MA Zip Code 02421-5925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : 38841616
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 160.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 156
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Jeri Ann Schneebeck
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 38846652
 Amount of Each Receipt this Period
 200.00

B. Dr. Zachary B Steele
 Full Name (Last, First, Middle Initial)
 Mailing Address 5812 Carrington Lake Pkwy
 City Trussville State AL Zip Code 35173-2890
 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 ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 38846654
 Amount of Each Receipt this Period
 160.00

C. Dr. Angela N Musick
 Full Name (Last, First, Middle Initial)
 Mailing Address 472 Edgemont Cir
 City Vinton State VA Zip Code 24179-1582
 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 ▼
 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 38846655
 Amount of Each Receipt this Period
 17.00

SUBTOTAL of Receipts This Page (optional).....▶	377.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 23 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Roger Joseph Trudell
 Full Name (Last, First, Middle Initial)
 Mailing Address 2565 Tamarack Ave
 City Boulder State CO Zip Code 80304-0990
 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 **950.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 38846656
 Amount of Each Receipt this Period
500.00

B. Dr. Victoria L Donkin
 Full Name (Last, First, Middle Initial)
 Mailing Address 8198 Glenmore Dr
 City Tallahassee State FL Zip Code 32312-3147
 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 Y
 12 / 08 / 2015
Transaction ID : 38847505
 Amount of Each Receipt this Period
500.00

C. Dr. Jennifer E Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Handley Way
 City Afton State VA Zip Code 22920-1554
 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 **458.37**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : 38847994
 Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional)..... **591.67**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Catherine M Ferentini
Full Name (Last, First, Middle Initial)

Mailing Address 14 Birch Hill Dr

City West Hartford State CT Zip Code 06107-3101

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
12 / 09 / 2015
Transaction ID : 38847995

Amount of Each Receipt this Period
250.00

B. Dr. Aaron M Banta
Full Name (Last, First, Middle Initial)

Mailing Address 304 S Quay St

City Kennewick State WA Zip Code 99336-1874

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 ▼ 550.00

Date of Receipt
12 / 09 / 2015
Transaction ID : 38847996

Amount of Each Receipt this Period
50.00

C. Dr. Richard P Christoph
Full Name (Last, First, Middle Initial)

Mailing Address 2444 Garfield Ave

City West Lawn State PA Zip Code 19609-1902

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 ▼ 500.50

Date of Receipt
12 / 09 / 2015
Transaction ID : 38848000

Amount of Each Receipt this Period
45.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 345.50

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

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

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

FOR LINE NUMBER: PAGE 25 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. John D Coble
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 Sunset Hill Dr
 City State Zip Code
 Rockwall TX 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 ▼
 1833.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : 38848003
 Amount of Each Receipt this Period
 166.67

B. Dr. Larry E Tope
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 252
 City State Zip Code
 Paulding OH 45879-0252
 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 ▼
 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : 38848004
 Amount of Each Receipt this Period
 30.00

C. Dr. Tate M Herman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6030 Jonquil Ln N
 City State Zip Code
 Minneapolis MN 55442-1240
 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 Y
 12 / 09 / 2015
Transaction ID : 38848229
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 446.67
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 156
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Stuart G Bark
Full Name (Last, First, Middle Initial)

Mailing Address 26762 N 114th Way

City State Zip Code
Scottsdale AZ 85262-8035

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
12 / 03 / 2015
Transaction ID : 38848523

Amount of Each Receipt this Period
500.00

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

Mailing Address 7554 Blackberry Farm Rd

City State Zip Code
Germantown TN 38138-2108

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
12 / 03 / 2015
Transaction ID : 38848524

Amount of Each Receipt this Period
400.00

C. Dr. Gary A Klein
Full Name (Last, First, Middle Initial)

Mailing Address 1804 Garnet Ave # 432

City State Zip Code
San Diego CA 92109-3352

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
12 / 03 / 2015
Transaction ID : 38848525

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00

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 27 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Kristen Pumphrey
Full Name (Last, First, Middle Initial)

Mailing Address 3905 Wayland Blvd

City Johnson City State TN Zip Code 37604-1137

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
12 / 03 / 2015
Transaction ID : 38848526

Amount of Each Receipt this Period
250.00

B. Dr. Douglas L Huff
Full Name (Last, First, Middle Initial)

Mailing Address 16230 Forest Meadows Dr

City Chesterfield State MO Zip Code 63005-4764

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
12 / 03 / 2015
Transaction ID : 38848527

Amount of Each Receipt this Period
250.00

C. Dr. Mark S White
Full Name (Last, First, Middle Initial)

Mailing Address 12809 Houghton Dr

City Dewitt State MI Zip Code 48820-8672

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
12 / 03 / 2015
Transaction ID : 38848528

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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 156
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Gregory Fanelli
Full Name (Last, First, Middle Initial)

Mailing Address 841 WHITMAN SCHOOL RD

City State Zip Code
TURNERSVILLE NJ 08012-1186

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2015
Transaction ID : 38848529

Amount of Each Receipt this Period
250.00

B. DR Joshua L Miller
Full Name (Last, First, Middle Initial)

Mailing Address 22437 212th Ave SE

City State Zip Code
Maple Valley WA 98038-8704

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2015
Transaction ID : 38848530

Amount of Each Receipt this Period
250.00

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

Mailing Address 2197 Vancorum Cir

City State Zip Code
Loveland CO 80538-6618

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2015
Transaction ID : 38848531

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)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 156
	<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. Santosh Nuchikat
 Full Name (Last, First, Middle Initial)
 Mailing Address 7750 StyraX Ln
 City Cincinnati State OH Zip Code 45236-3228
 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 M / D D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : 38848550
 Amount of Each Receipt this Period
500.00

B. Dr. Joseph V Katschke
 Full Name (Last, First, Middle Initial)
 Mailing Address 1220 Lewis St
 City Sheridan State WY Zip Code 82801-2713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : 38848868
 Amount of Each Receipt this Period
500.00

C. Dr. Steven A Loomis
 Full Name (Last, First, Middle Initial)
 Mailing Address 6436 Spotted Fawn Run
 City Littleton State CO Zip Code 80125-9055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38851115
 Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....	750.00
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 30 OF 156
	<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. Todd F Birch
Full Name (Last, First, Middle Initial)

Mailing Address 984 W Riverview Dr

City Idaho Falls State ID Zip Code 83401-5679

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
12 / 10 / 2015
Transaction ID : 38851116

Amount of Each Receipt this Period
50.00

B. Dr. Dana C Gjurich
Full Name (Last, First, Middle Initial)

Mailing Address 225 Terrace Dr

City Lilly State PA Zip Code 15938-5819

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 ▼ **360.00**

Date of Receipt
12 / 10 / 2015
Transaction ID : 38851117

Amount of Each Receipt this Period
30.00

C. Dr. Joselyn Licelo Estevez
Full Name (Last, First, Middle Initial)

Mailing Address 253 Cozy Lake Rd

City Oak Ridge State NJ Zip Code 07438-9138

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 ▼ **504.00**

Date of Receipt
12 / 10 / 2015
Transaction ID : 38851118

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... **122.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 OF 156
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Patrick A Lenane
Full Name (Last, First, Middle Initial)

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 General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
12 / 10 / 2015
Transaction ID : 38851119

Amount of Each Receipt this Period
50.00

B. Dr. Rebecca A DeRuyter
Full Name (Last, First, Middle Initial)

Mailing Address 401 1st Ave NW

City Le Mars State IA Zip Code 51031-3227

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 ▼ **240.00**

Date of Receipt
12 / 10 / 2015
Transaction ID : 38851120

Amount of Each Receipt this Period
20.00

C. Dr. Michele A Donovan
Full Name (Last, First, Middle Initial)

Mailing Address 1440 Harbor Mist Ct

City Charleston State SC Zip Code 29492-8097

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
12 / 09 / 2015
Transaction ID : 38851150

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **570.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 156
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Adam J Herold
 Full Name (Last, First, Middle Initial)
 Mailing Address 3740 Heverley Dr
 City State Zip Code
 Glen Allen VA 23059-4827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : 38851151
 Amount of Each Receipt this Period
 250.00

B. Dr. R. Brian Wallace
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 Jackson Ave
 City State Zip Code
 Florence SC 29501-4521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : 38851154
 Amount of Each Receipt this Period
 500.00

C. Dr. Gary Keith Bockhold
 Full Name (Last, First, Middle Initial)
 Mailing Address 4104 Roberts Point Rd
 City State Zip Code
 Sarasota FL 34242-1164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : 38851155
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 156
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Lamont Mark Sprague

Full Name (Last, First, Middle Initial)
Mailing Address 6214 N Wyndwood Dr

City Crystal Lake	State IL	Zip Code 60014-4757
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : 38851156

Amount of Each Receipt this Period
500.00

B. Dr. James D Schrader

Full Name (Last, First, Middle Initial)
Mailing Address 2901 Russet Rd

City Brier	State WA	Zip Code 98036-8060
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : 38851157

Amount of Each Receipt this Period
250.00

C. Dr. Bruce F Breckenridge

Full Name (Last, First, Middle Initial)
Mailing Address 16921 SE Stoneybrook Ct

City Clackamas	State OR	Zip Code 97015-6701
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 38852525

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional).....▶	810.00
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 34 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Melinda Cano-Howes		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 12 / 2015 Transaction ID : 38855933
Mailing Address 11 MILLS LN NE		Amount of Each Receipt this Period 41.67
City LOS LUNAS	State NM	Zip Code 87031-7170
FEC ID number of contributing federal political committee. C		
Name of Employer Eye Associates of NM	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) B. Dr. Lee E Dodge		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 12 / 2015 Transaction ID : 38855934
Mailing Address 14312 Califa St		Amount of Each Receipt this Period 31.00
City Sherman Oaks	State CA	Zip Code 91401-3614
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 372.00	

Full Name (Last, First, Middle Initial) C. Dr. Barbara L Horn		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 12 / 2015 Transaction ID : 38855935
Mailing Address 61269 Coralburst Dr		Amount of Each Receipt this Period 165.29
City Washington	State MI	Zip Code 48094-1746
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.01	

SUBTOTAL of Receipts This Page (optional).....▶	237.96
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 35 OF 156
	<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. Jeslyn J Hwang
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Cleveland Pl
 City Palisades Pk State NJ Zip Code 07650-1104
 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
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2015
Transaction ID : 38855936
 Amount of Each Receipt this Period
 25.00

B. Dr. David A Samuel
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Pocantico River Rd
 City Pleasantville State NY Zip Code 10570-3510
 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
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2015
Transaction ID : 38855937
 Amount of Each Receipt this Period
 25.00

C. Mr. Jonathan F Hymes
 Full Name (Last, First, Middle Initial)
 Mailing Address 1505 Prince St
 City Alexandria State VA Zip Code 22314-2852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Optometric Association
 Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2015
Transaction ID : 38855938
 Amount of Each Receipt this Period
 166.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 216.67
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 36 OF 156
(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. Samuel W Butler

Mailing Address 849 Emerald Pines Dr

City State Zip Code
 Arnolds Park IA 51331-7579

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 ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2015
Transaction ID : 38855939

Amount of Each Receipt this Period
 200.00

Full Name (Last, First, Middle Initial)
B. Dr. Markus I Barth

Mailing Address 1346 Heller Dr

City State Zip Code
 Yardley PA 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 ▼
 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2015
Transaction ID : 38855940

Amount of Each Receipt this Period
 41.67

Full Name (Last, First, Middle Initial)
C. Dr. Charlotte F Nielsen

Mailing Address 1120 E Washington St

City State Zip Code
 Grayslake IL 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 ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2015
Transaction ID : 38855941

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 161.67

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

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

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

FOR LINE NUMBER: PAGE 37 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Christopher W Wroten
 Full Name (Last, First, Middle Initial)
 Mailing Address 25833 Royal Birkdale Dr
 City Denham Spgs State LA Zip Code 70726-6479
 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 ▼ 1020.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2015
Transaction ID : 38855942
 Amount of Each Receipt this Period
 85.00

B. Dr. Bruce L Meyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 297 Kinderkamack Rd Ste 200
 City Oradell State NJ Zip Code 07649-1535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2015
Transaction ID : 38855944
 Amount of Each Receipt this Period
 25.00

c. Dr. D. Cory Rath
 Full Name (Last, First, Middle Initial)
 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 ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 13 / 2015
Transaction ID : 38855997
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 38 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Mark David Hansen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1887 N Isett Ave
 City Muscatine State IA Zip Code 52761-9747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2015
Transaction ID : 3885998
 Amount of Each Receipt this Period
 125.00

B. Dr. Christopher J Colburn
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Winchester Rd
 City Lakewood State NY Zip Code 14750-1734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2015
Transaction ID : 3885999
 Amount of Each Receipt this Period
 50.00

C. Dr. David R Frazee
 Full Name (Last, First, Middle Initial)
 Mailing Address 4962 Shoreline Dr
 City Frisco State TX Zip Code 75034-4058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2015
Transaction ID : 38856000
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 39 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. James L Boccuzzi
 Full Name (Last, First, Middle Initial)
 Mailing Address 689 Mansfield City Rd
 City State Zip Code
 Storrs Mansfield CT 06268-2728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2015
Transaction ID : 38856001
 Amount of Each Receipt this Period
 250.00

B. Dr. Audie M Teague Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Friar Tuck Ln
 City State Zip Code
 Prescott AR 71857-2608
 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 ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2015
Transaction ID : 38856002
 Amount of Each Receipt this Period
 100.00

C. Dr. Roger A Duke
 Full Name (Last, First, Middle Initial)
 Mailing Address 12511 Deer Falls Dr
 City State Zip Code
 Austin TX 78729-7225
 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 ▼
 600.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2015
Transaction ID : 38856003
 Amount of Each Receipt this Period
 49.10

SUBTOTAL of Receipts This Page (optional)..... ▶ 399.10
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 40 OF 156
	<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. Darlene M Anker
 Full Name (Last, First, Middle Initial)
 Mailing Address 1173 Bridgeview Dr
 City Lynden State WA Zip Code 98264-1073
 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 ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 13 / 2015
Transaction ID : 38856004
 Amount of Each Receipt this Period
 200.00

B. Dr. Michelle Wika Chaney
 Full Name (Last, First, Middle Initial)
 Mailing Address 3614 Coneflower Dr
 City Fort Collins State CO Zip Code 80521-7542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : 38859847
 Amount of Each Receipt this Period
 45.00

C. Dr. Randall Sakamoto
 Full Name (Last, First, Middle Initial)
 Mailing Address 1451 Ohialoke St
 City Honolulu State HI Zip Code 96821-1450
 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 ▼ 200.01

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : 38859848
 Amount of Each Receipt this Period
 66.67

SUBTOTAL of Receipts This Page (optional).....▶	131.67
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 41 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Seth A Huber
 Full Name (Last, First, Middle Initial)
 Mailing Address 6748 Green River Dr Unit G
 City State Zip Code
 Highlands Ranch CO 80130-3023
 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 ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : 38859849
 Amount of Each Receipt this Period
 35.00

B. Dr. Karen Ann Culbertson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1204 N 128th Cir
 City State Zip Code
 Omaha NE 68154-1286
 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 ▼
 213.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38859898
 Amount of Each Receipt this Period
 106.66

C. Dr. James W Devine
 Full Name (Last, First, Middle Initial)
 Mailing Address 8600 Martell Rd
 City State Zip Code
 Hickman NE 68372-9789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38859899
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 541.66
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 42 OF 156
(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. Janet Rose Fett

Mailing Address 517 S Ridge Dr

City State Zip Code
 S Sioux City NE 68776-3828

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 ▼
 333.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38859905

Amount of Each Receipt this Period
 200.04

Full Name (Last, First, Middle Initial)
B. Dr. Gary D Finn

Mailing Address 6708 N 160th St

City State Zip Code
 Omaha NE 68116-4073

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 ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38859907

Amount of Each Receipt this Period
 120.00

Full Name (Last, First, Middle Initial)
C. Dr. Scott W French

Mailing Address 2310 Cedarberry Ln

City State Zip Code
 North Platte NE 69101-5966

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38859909

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 620.04

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 156
	<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. Eric R Gengenbach
Full Name (Last, First, Middle Initial)

Mailing Address 32830 Road 761

City Grant State NE Zip Code 69140-3202

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 ▼ **333.32**

Date of Receipt
12 / 10 / 2015
Transaction ID : **38859911**

Amount of Each Receipt this Period
166.66

B. Dr. Victoria A Gengenbach
Full Name (Last, First, Middle Initial)

Mailing Address 32830 Road 761

City Grant State NE Zip Code 69140-3202

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 ▼ **333.32**

Date of Receipt
12 / 10 / 2015
Transaction ID : **38859912**

Amount of Each Receipt this Period
166.66

C. Dr. Teri Geist
Full Name (Last, First, Middle Initial)

Mailing Address 15620 Grant Cir

City Omaha State NE Zip Code 68116-2416

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
12 / 10 / 2015
Transaction ID : **38859913**

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)..... **733.32**

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 44 OF 156
	<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. Courtney M Goetsch
 Full Name (Last, First, Middle Initial)
 Mailing Address 4001 W Benjamin Ave
 City Norfolk State NE Zip Code 68701-3159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38863342
 Amount of Each Receipt this Period
 400.00

B. Dr. Steven J Gradowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 6214 S 118th Plz
 City Omaha State NE Zip Code 68137-4403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38863347
 Amount of Each Receipt this Period
 400.00

C. Dr. Scott L Greder
 Full Name (Last, First, Middle Initial)
 Mailing Address 20008 Dewey Ave
 City Elkhorn State NE Zip Code 68022-2769
 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 333.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38863361
 Amount of Each Receipt this Period
 166.66

SUBTOTAL of Receipts This Page (optional).....	966.66
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 45 OF 156
	<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. Chad S Hudnall
Full Name (Last, First, Middle Initial)

Mailing Address 4109 Norseman Ave

City Grand Island State NE Zip Code 68803-2254

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **12 / 10 / 2015**

Transaction ID : 38863378

Amount of Each Receipt this Period **400.00**

B. Dr. Mandy J Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 12550 Evergreen Rd

City Riverdale State NE Zip Code 68870-7100

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **12 / 10 / 2015**

Transaction ID : 38863383

Amount of Each Receipt this Period **400.00**

C. Dr. Matthew F Klemke
Full Name (Last, First, Middle Initial)

Mailing Address 19264 Williams St

City Omaha State NE Zip Code 68130-3017

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 ▼ **367.60**

Date of Receipt **12 / 10 / 2015**

Transaction ID : 38863393

Amount of Each Receipt this Period **84.00**

SUBTOTAL of Receipts This Page (optional)..... **884.00**

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

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

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

FOR LINE NUMBER: PAGE 46 OF 156
(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. Joanna L Liu

Mailing Address 15661 California St

City State Zip Code
 Omaha NE 68118-2227

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38863419

Amount of Each Receipt this Period
 400.00

Full Name (Last, First, Middle Initial)
B. Dr. Walter Craig McCormick

Mailing Address 924 Tibbals St

City State Zip Code
 Holdrege NE 68949-1653

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 ▼
 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38863433

Amount of Each Receipt this Period
 170.00

Full Name (Last, First, Middle Initial)
C. Dr. Steven Gerald Miller

Mailing Address 1302 Eldorado Rd

City State Zip Code
 Norfolk NE 68701-3006

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38863441

Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 970.00

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 47 OF 156
	<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. Nicole A Morrissey
 Full Name (Last, First, Middle Initial)
 Mailing Address 209 E Madden Ave
 PO Box 38
 City De Witt State NE Zip Code 68341-6046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38863443
 Amount of Each Receipt this Period
 100.00

B. Dr. Creston M Myers
 Full Name (Last, First, Middle Initial)
 Mailing Address 3010 Toluca Ave
 City Alliance State NE Zip Code 69301-2081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38863445
 Amount of Each Receipt this Period
 400.00

C. Dr. Jeffrey Wade Pape
 Full Name (Last, First, Middle Initial)
 Mailing Address 84643 Buckskin Rd
 City Norfolk State NE Zip Code 68701-9604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38863457
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 48 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Scott C Reins
 Full Name (Last, First, Middle Initial)
 Mailing Address 6500 Vanderslice Ln
 City Lincoln State NE Zip Code 68516-9247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38863472
 Amount of Each Receipt this Period
 400.00

B. Dr. Paul L Salansky Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 N 8th St
 City Nebraska City State NE Zip Code 68410-2456
 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 ▼ 333.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38863487
 Amount of Each Receipt this Period
 166.66

C. Dr. Mark A Toelle
 Full Name (Last, First, Middle Initial)
 Mailing Address 16258 Craig Ave
 City Bennington State NE Zip Code 68007-1885
 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 ▼ 333.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38863493
 Amount of Each Receipt this Period
 166.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 733.32
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 49 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Robert Stephen Vandervort
 Full Name (Last, First, Middle Initial)
 Mailing Address 16019 Lake Cir
 City State Zip Code
 Omaha NE 68116-2425
 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 ▼
 333.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38863494
 Amount of Each Receipt this Period
 166.66

B. Dr. Vicky Johns Vandervort
 Full Name (Last, First, Middle Initial)
 Mailing Address 16019 Lake Cir
 City State Zip Code
 Omaha NE 68116-2425
 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 ▼
 333.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38863495
 Amount of Each Receipt this Period
 166.67

C. Dr. Theodore Raymond Vorhies
 Full Name (Last, First, Middle Initial)
 Mailing Address 2941 Jackson Dr
 City State Zip Code
 Lincoln NE 68502-5037
 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 ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38863496
 Amount of Each Receipt this Period
 240.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 573.33
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 50 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Keith R Wintz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1135 N 2nd St
 City Seward State NE Zip Code 68434-1230
 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 ▼ 292.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38863499
 Amount of Each Receipt this Period
 146.00

B. Dr. Christopher S Wolfe
 Full Name (Last, First, Middle Initial)
 Mailing Address 6515 S 157th St
 City Omaha State NE Zip Code 68135-5314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38863500
 Amount of Each Receipt this Period
 400.00

C. Dr. Steven S Wolfe
 Full Name (Last, First, Middle Initial)
 Mailing Address 15324 Weber St
 City Bennington State NE Zip Code 68007-1407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38863501
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 946.00
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 51 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Darren J Wright
 Full Name (Last, First, Middle Initial)
 Mailing Address 1702 M St
 City Auburn State NE Zip Code 68305-2146
 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 ▼ 333.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38863502
 Amount of Each Receipt this Period
 166.67

B. Dr. John D Robinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 204 Maple Creek Dr
 City Wallace State NC Zip Code 28466-2383
 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 ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38863667
 Amount of Each Receipt this Period
 1000.00

C. Dr. Chad A Carlsson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1415 S Sandstone St
 City Gilbert State AZ Zip Code 85296-4370
 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 ▼ 992.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38863671
 Amount of Each Receipt this Period
 658.00

SUBTOTAL of Receipts This Page (optional).....▶	1824.67
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 52 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Lucas H Spiker
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 Walker St
 City Chilhowie State VA Zip Code 24319-5516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38863673
 Amount of Each Receipt this Period
 500.00

B. Dr. Cameron E Herrin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1704 N 4Th Ave
 City Purcell State OK Zip Code 73080-1902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38863674
 Amount of Each Receipt this Period
 500.00

C. Dr. Joseph L Fischer
 Full Name (Last, First, Middle Initial)
 Mailing Address 609 4-J ct
 City Gillette State WY Zip Code 82716-4135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 38863675
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
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 53 OF 156
	<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. William Drost Altig
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 County Road 4856
 City Newark State TX Zip Code 76071-3404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 38864782
 Amount of Each Receipt this Period
 125.00

B. Dr. Christian B Swenby
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Paper Mill Dr
 City Madison State CT Zip Code 06443-1908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 38865142
 Amount of Each Receipt this Period
 250.00

C. Dr. George W Veliky
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 Oak Grove Ave
 City Hasbrouck Hts State NJ Zip Code 07604-1225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 645.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : 38865166
 Amount of Each Receipt this Period
 62.50

SUBTOTAL of Receipts This Page (optional).....▶	437.50
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 54 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Andrew Ochiltree
Full Name (Last, First, Middle Initial)

Mailing Address 651 Canyon Hills Rd

City Kingman State AZ Zip Code 86409-1234

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **12 / 16 / 2015**

Transaction ID : 38865169

Amount of Each Receipt this Period **50.00**

B. Dr. Mark T Mentzer
Full Name (Last, First, Middle Initial)

Mailing Address 2200 Blairsferry Xing

City Hiawatha State IA Zip Code 52233-7900

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 ▼ **405.00**

Date of Receipt **12 / 16 / 2015**

Transaction ID : 38865170

Amount of Each Receipt this Period **45.00**

C. Dr. N. Gregory Richardson
Full Name (Last, First, Middle Initial)

Mailing Address 1440 Eastridge Dr

City Pocatello State ID Zip Code 83201-3103

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 ▼ **360.00**

Date of Receipt **12 / 16 / 2015**

Transaction ID : 38865172

Amount of Each Receipt this Period **30.00**

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

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

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

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

FOR LINE NUMBER: PAGE 55 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Dr. Jeffrey A 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 ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : 38865174

Amount of Each Receipt this Period
 50.00

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

Mailing Address 622 SE 13th St

City State Zip Code
 Ft Lauderdale FL 33316-2023

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 ▼
 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : 38865175

Amount of Each Receipt this Period
 30.42

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

Mailing Address 1704 Skyline Rd

City State Zip Code
 Laramie WY 82070-8932

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 ▼
 2000.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : 38865176

Amount of Each Receipt this Period
 166.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 247.09

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

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

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FOR LINE NUMBER: PAGE 56 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Gary James Avallone
 Full Name (Last, First, Middle Initial)
 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 ▼ 1500.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : 38865177
 Amount of Each Receipt this Period
 166.67

B. Dr. Jeffrey A Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1460 N Riverbend Dr
 City Green River State WY Zip Code 82935-6308
 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 Y
 12 / 16 / 2015
Transaction ID : 38866628
 Amount of Each Receipt this Period
 500.00

C. Dr. Lee U De Rosa
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 Green St
 City Bath State ME Zip Code 04530-2446
 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 ▼ 204.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : 38878705
 Amount of Each Receipt this Period
 17.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 683.67
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 57 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Philip Dunne Flynn
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 Palmetto Hall Dr
 City Lexington State SC Zip Code 29072-7894
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 Y
 12 / 17 / 2015
Transaction ID : 38878706
 Amount of Each Receipt this Period
 125.00

B. Dr. Denis Robert Holmes
 Full Name (Last, First, Middle Initial)
 Mailing Address 17122 N Little Spokane Dr
 City Colbert State WA Zip Code 99005-9370
 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 ▼
 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : 38878707
 Amount of Each Receipt this Period
 20.00

C. Dr. Lee Ann Barrett
 Full Name (Last, First, Middle Initial)
 Mailing Address 1199 E Morgan St
 City Boonville State MO Zip Code 65233-1336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : 38878709
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 195.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 58 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. John T Bender JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 261 Highway 167
 City Daleville State AL Zip Code 36322-6564
 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
 M M / D D / Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : 38878710
 Amount of Each Receipt this Period
 50.00

B. Dr. Michele R Haranin
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Concord Rd
 City Dover State DE Zip Code 19904-9100
 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 719.56

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : 38878712
 Amount of Each Receipt this Period
 75.00

C. Dr. William Benton Britt
 Full Name (Last, First, Middle Initial)
 Mailing Address 855 S Pitkin Ave
 City Superior State CO Zip Code 80027-8032
 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 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : 38878713
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 OF 156
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Ian M Jones
Full Name (Last, First, Middle Initial)

Mailing Address 32 Deer Hill Ln

City Hampden State ME Zip Code 04444-3400

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 ▼ 1200.00

Date of Receipt
12 / 17 / 2015
Transaction ID : 38878715

Amount of Each Receipt this Period
100.00

B. Dr. William R Burges
Full Name (Last, First, Middle Initial)

Mailing Address 405 Paris St

City Castroville State TX Zip Code 78009-4511

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 ▼ 1200.06

Date of Receipt
12 / 17 / 2015
Transaction ID : 38878716

Amount of Each Receipt this Period
95.46

C. Dr. Brian J Plattner
Full Name (Last, First, Middle Initial)

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 Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
12 / 17 / 2015
Transaction ID : 38878718

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 280.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 OF 156
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. John Millirons
Full Name (Last, First, Middle Initial)

Mailing Address 211 S Oakdale Dr

City Stillwater State OK Zip Code 74074-6888

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 ▼
416.70

Date of Receipt
12 / 17 / 2015
Transaction ID : 38878719

Amount of Each Receipt this Period
41.67

B. Dr. Robert E Prouty
Full Name (Last, First, Middle Initial)

Mailing Address 8886 N Awl Rd

City Parker State CO Zip Code 80138-6840

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 ▼
1200.00

Date of Receipt
12 / 18 / 2015
Transaction ID : 38905824

Amount of Each Receipt this Period
100.00

C. Dr. Joe E Ellis
Full Name (Last, First, Middle Initial)

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 General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.04

Date of Receipt
12 / 18 / 2015
Transaction ID : 38905825

Amount of Each Receipt this Period
166.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 308.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 156
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Douglas J Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 988
 City State Zip Code
 Brookings OR 97415-0021
 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
 12 / 18 / 2015
Transaction ID : 38905826
 Amount of Each Receipt this Period
 250.00

B. Dr. Daren K Oppenheimer
 Full Name (Last, First, Middle Initial)
 Mailing Address 417 Cactus Dr
 City State Zip Code
 Key West FL 33040-6213
 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 ▼
 365.04

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : 38905827
 Amount of Each Receipt this Period
 30.42

C. Dr. Eric Glenn Stocker
 Full Name (Last, First, Middle Initial)
 Mailing Address 575 McIntosh Ln
 City State Zip Code
 Amherst OH 44001-3109
 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 ▼
 250.08

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : 38905828
 Amount of Each Receipt this Period
 20.84

SUBTOTAL of Receipts This Page (optional).....▶	76.26
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 62 OF 156
(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. Kathleen E Goff

Mailing Address 114 Crested Peak Ct

City State Zip Code
 Santa Teresa NM 88008-9423

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 ▼
 833.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : 38905830

Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
B. Dr. Christine W Cook

Mailing Address 511 Shadow Brooke Dr

City State Zip Code
 Chesapeake VA 23320-3511

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 M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : 38905833

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. Dr. Mark E Schaeffer

Mailing Address 1686 Montgomery Highway

City State Zip Code
 Birmingham AL 35216-4906

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : 38905834

Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **308.34**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 156
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Judy T Nguyen
Full Name (Last, First, Middle Initial)

Mailing Address 6247 Jarvis Ave

City Newark State CA Zip Code 94560-1212

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
12 / 18 / 2015
Transaction ID : 38907373

Amount of Each Receipt this Period
500.00

B. Dr. Bridget C Axelson
Full Name (Last, First, Middle Initial)

Mailing Address 1783 Iglehart Ave

City Saint Paul State MN Zip Code 55104-5215

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
12 / 18 / 2015
Transaction ID : 38910199

Amount of Each Receipt this Period
100.00

C. Dr Ryan E Robison
Full Name (Last, First, Middle Initial)

Mailing Address 718 E Desert Bloom Ct

City Washington State UT Zip Code 84780-2619

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
12 / 19 / 2015
Transaction ID : 38910484

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00

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

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

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

FOR LINE NUMBER: PAGE 65 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Chad A Carlsson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1415 S Sandstone St
 City State Zip Code
 Gilbert AZ 85296-4370
 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 ▼
 1023.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : 38910495
 Amount of Each Receipt this Period
 30.42

B. Dr. David M Way
 Full Name (Last, First, Middle Initial)
 Mailing Address 21702 E Yaupon Cir
 City State Zip Code
 Tomball TX 77377-5996
 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 ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : 38910496
 Amount of Each Receipt this Period
 100.00

C. Dr. Thomas L Lim
 Full Name (Last, First, Middle Initial)
 Mailing Address 1136 Thorntree Ct
 City State Zip Code
 San Jose CA 95120-1740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : 38910497
 Amount of Each Receipt this Period
 91.25

SUBTOTAL of Receipts This Page (optional)..... ▶ 221.67
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 66 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Lynn Smith Hammonds
 Full Name (Last, First, Middle Initial)
 Mailing Address 2725 Smyer Rd
 City Vestavia State AL Zip Code 35216-1026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : 38910498
 Amount of Each Receipt this Period
 166.67

B. Dr. Jonathan Toso
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 Angel Ln
 City Canton State SD Zip Code 57013-2634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : 38910499
 Amount of Each Receipt this Period
 25.00

C. Dr. Lynn D Greenspan
 Full Name (Last, First, Middle Initial)
 Mailing Address 77 N Iroquois Ln
 City Chester Sprgs State PA Zip Code 19425-2929
 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 ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : 38910500
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 211.67
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 156
	<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. Dirk Michael Beyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 709 S 5th St
 City Hamilton State MT Zip Code 59840-2755
 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 ▼ 2000.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : 38910502
 Amount of Each Receipt this Period
 159.10

B. Dr. Karl M Citek
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 432
 City Forest Grove State OR Zip Code 97116-0432
 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : 38910503
 Amount of Each Receipt this Period
 40.00

C. Dr. Paul Bryan Stauder
 Full Name (Last, First, Middle Initial)
 Mailing Address 1765 County Road 725 N
 City Fairfield State IL Zip Code 62837-4324
 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 ▼ 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : 38910505
 Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional).....▶	274.10
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 68 OF 156
	<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. Tom Felstet
Full Name (Last, First, Middle Initial)

Mailing Address 2003 ELM ST

City BILLINGS State MT Zip Code 59101-0550

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 ▼ 360.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2015
Transaction ID : 38910506

Amount of Each Receipt this Period
30.00

B. Dr. Robert P Wooldridge
Full Name (Last, First, Middle Initial)

Mailing Address 1852 E Aintree Ave

City Draper State UT Zip Code 84020-7711

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2015
Transaction ID : 38910508

Amount of Each Receipt this Period
125.00

C. Dr. Justin C Holt
Full Name (Last, First, Middle Initial)

Mailing Address 3110 W 300 N Ste D

City West Point State UT Zip Code 84015-7481

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 ▼ 1000.02

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2015
Transaction ID : 38910509

Amount of Each Receipt this Period
166.67

SUBTOTAL of Receipts This Page (optional).....▶	321.67
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 69 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Dwight Matthew Burchett
 Full Name (Last, First, Middle Initial)
 Mailing Address 1231 Parkview Way
 City Richmond State KY Zip Code 40475-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.72

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : 38910519
 Amount of Each Receipt this Period
 83.34

B. Dr. Charles K Atwell
 Full Name (Last, First, Middle Initial)
 Mailing Address 238 Chasse Cir
 City St Charles State IL Zip Code 60174-1418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : 38910520
 Amount of Each Receipt this Period
 42.00

C. Dr. Derek J Louie
 Full Name (Last, First, Middle Initial)
 Mailing Address 19302 Riverwood Lane
 City Lake Oswego State OR Zip Code 97035-1318
 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 ▼ 1000.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : 38910521
 Amount of Each Receipt this Period
 131.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 257.01
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 156
	<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. Randolph E Brooks
Full Name (Last, First, Middle Initial)

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 Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : 38910522

Amount of Each Receipt this Period
 200.00

B. Dr. Karla Zadnik
Full Name (Last, First, Middle Initial)

Mailing Address 183 Franklin Ave

City Worthington State OH Zip Code 43085-3186

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

Name of Employer Self Employed Occupation Doctor of Optometry,PHD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : 38910525

Amount of Each Receipt this Period
 50.00

C. Dr. William L Ratcliff
Full Name (Last, First, Middle Initial)

Mailing Address 530 10th St

City Huntington State WV Zip Code 25701-2222

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 ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : 38910526

Amount of Each Receipt this Period
 42.00

SUBTOTAL of Receipts This Page (optional).....▶	292.00
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 71 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. H. Frank Storey		Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2015 Transaction ID : 38910527
Mailing Address PO Box 372		Amount of Each Receipt this Period 100.00
City Stayton	State OR	Zip Code 97383-0372
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Mrs. Janet Carlson Baker		Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2015 Transaction ID : 38910528
Mailing Address 1806 NE 112th Ave		Amount of Each Receipt this Period 50.00
City Portland	State OR	Zip Code 97220-1902
FEC ID number of contributing federal political committee. C		
Name of Employer Oregon Optometric Physicians Associati	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. James A Boucher		Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2015 Transaction ID : 38911409
Mailing Address 1050 Granito Dr		Amount of Each Receipt this Period 365.00
City Laramie	State WY	Zip Code 82072-5025
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional).....▶	515.00
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 72 OF 156
	<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	

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. Larry J Davis
Full Name (Last, First, Middle Initial)

Mailing Address 43 Bonhomme Richard Ct

City Saint Charles State MO Zip Code 63303-1761

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 ▼ **240.00**

Date of Receipt **12 / 22 / 2015**

Transaction ID : 38911424

Amount of Each Receipt this Period **200.00**

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

Mailing Address 135 W Church St

City Williamston State MI Zip Code 48895-1119

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 **12 / 22 / 2015**

Transaction ID : 38911425

Amount of Each Receipt this Period **25.00**

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

Mailing Address 8611 E Otero Pl

City Centennial State CO Zip Code 80112-3317

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 **12 / 22 / 2015**

Transaction ID : 38911426

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **95.00**

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

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

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

FOR LINE NUMBER: PAGE 73 OF 156
(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. Dawn Marie Miller

Mailing Address 3004 E Lake Hill Dr

City State Zip Code
 Orange CA 92867-1910

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 38911427

Amount of Each Receipt this Period
 75.00

Full Name (Last, First, Middle Initial)
B. Dr. Jon Frederick Pederson

Mailing Address 1025 Milwaukee St

City State Zip Code
 Denver CO 80206-3337

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 ▼
 1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 38911428

Amount of Each Receipt this Period
 85.00

Full Name (Last, First, Middle Initial)
C. Dr. James W Wadley

Mailing Address 1349 Canterbury Dr

City State Zip Code
 Abilene TX 79602-4260

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 ▼
 1700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 38911429

Amount of Each Receipt this Period
 170.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 330.00

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

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

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

FOR LINE NUMBER: PAGE 74 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Cynthia Heard
 Full Name (Last, First, Middle Initial)
 Mailing Address 7781 Tankerston Dr
 City Memphis State TN Zip Code 38125-3614
 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 ▼
 304.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 38911430
 Amount of Each Receipt this Period
 30.42

B. Dr. Rebecca H Wartman
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 38911551
 Amount of Each Receipt this Period
 100.00

C. Dr. Julie A Toon
 Full Name (Last, First, Middle Initial)
 Mailing Address 2204 N Longwood Cir
 City Wichita State KS Zip Code 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 ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 38913120
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 180.42
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 75 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Kimberly F Boyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Center Square Rd
 City Blain State PA Zip Code 17006-6384
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 38913121
 Amount of Each Receipt this Period
 25.00

B. Dr. Johndra McNeely
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 CROSSBRIDGE TRL
 City PIEDMONT State SC Zip Code 29673-7342
 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 Y
 12 / 23 / 2015
Transaction ID : 38913122
 Amount of Each Receipt this Period
 91.25

C. Dr. Peter G Dormas
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 Glenn Ave
 City Saint Clairsville State OH Zip Code 43950-9725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 38913123
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 141.25
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 156
	<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. William Craig Poulter
Full Name (Last, First, Middle Initial)

Mailing Address 3679 W 8110 S

City West Jordan State UT Zip Code 84088-4458

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 ▼ **360.00**

Date of Receipt **12 / 23 / 2015**

Transaction ID : 38913124

Amount of Each Receipt this Period **30.00**

B. Dr. Anthony R Doffin
Full Name (Last, First, Middle Initial)

Mailing Address 3324 119th Ave NE

City Blaine State MN Zip Code 55449-7516

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 **12 / 23 / 2015**

Transaction ID : 38913125

Amount of Each Receipt this Period **25.00**

C. Dr. Jarrod Davies
Full Name (Last, First, Middle Initial)

Mailing Address 13525 S Santa Anita Ct

City Herriman State UT Zip Code 84096-4664

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 ▼ **360.00**

Date of Receipt **12 / 23 / 2015**

Transaction ID : 38913126

Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional).....▶	85.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 77 OF 156
(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. Stuart I Anderson

Mailing Address 3731 W Lilac Heights Dr

City State Zip Code
 South Jordan UT 84095-5100

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 ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 38913127

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
B. Dr. Ted A McElroy

Mailing Address 2812 Ridge Ave N

City State Zip Code
 Tifton GA 31794-1327

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1500.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 38913128

Amount of Each Receipt this Period
 166.67

Full Name (Last, First, Middle Initial)
C. Dr. Chad J Thompson

Mailing Address 206 S Mill St

City State Zip Code
 Beloit KS 67420-3239

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : 38913129

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 246.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 156
	<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. Dana A Cocke
Full Name (Last, First, Middle Initial)

Mailing Address 5625 N 45th St

City Tacoma State WA Zip Code 98407-2808

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 ▼
500.06

Date of Receipt
12 / 24 / 2015

Transaction ID : 38913319

Amount of Each Receipt this Period
45.46

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

Mailing Address 3587 Buffalo Ave

City Broomfield State CO Zip Code 80020-9016

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
12 / 24 / 2015

Transaction ID : 38913320

Amount of Each Receipt this Period
25.00

C. Dr. Paul L Krueger
Full Name (Last, First, Middle Initial)

Mailing Address 1430 Windham Hill Dr

City Riverside State IA Zip Code 52327-1400

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 ▼
240.00

Date of Receipt
12 / 24 / 2015

Transaction ID : 38913321

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	90.46
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 79 OF 156
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Dori M Carlson
 Full Name (Last, First, Middle Initial)
 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 ▼ 2000.04

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : 38913322
 Amount of Each Receipt this Period
 166.67

B. Dr. Sarah Hetu-Radny
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Kessler Farm Dr Apt 637
 City Nashua State NH Zip Code 03063-7120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : 38913323
 Amount of Each Receipt this Period
 17.00

C. Dr. Deanna Swafford Alexander
 Full Name (Last, First, Middle Initial)
 Mailing Address 4127 Cedargate Dr
 City Fort Collins State CO Zip Code 80526-3386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : 38913324
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	433.67
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 81 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Raymond K Greene
 Full Name (Last, First, Middle Initial)
 Mailing Address 3207 N 22nd St
 City State Zip Code
 Coeur D Alene ID 83815-6321
 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 ▼
 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : 38913328
 Amount of Each Receipt this Period
 42.00

B. Dr. Paul L Gustafson
 Full Name (Last, First, Middle Initial)
 Mailing Address 159 Sunflower St
 City State Zip Code
 Casper WY 82604-3805
 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 ▼
 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : 38913330
 Amount of Each Receipt this Period
 45.00

C. Dr. Mark M Margolies
 Full Name (Last, First, Middle Initial)
 Mailing Address 1724 Kendrick St
 City State Zip Code
 Philadelphia PA 19152-1816
 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 ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : 38913331
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 137.00
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 82 OF 156
	<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 Keirsten Eagles
Full Name (Last, First, Middle Initial)
Mailing Address 760 N St Marys Cir
City Mount Angel State OR Zip Code 97362-9304
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 12 / 24 / 2015
Transaction ID : 38913334
Amount of Each Receipt this Period 50.00

B. Dr. Derri J Sandberg
Full Name (Last, First, Middle Initial)
Mailing Address 901 NW Carlon Ave Ste 2
City Bend State OR Zip Code 97703-2636
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 12 / 24 / 2015
Transaction ID : 38913335
Amount of Each Receipt this Period 50.00

c. Dr. April L Jasper
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2375
City West Palm Bch State FL Zip Code 33402-2375
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 12 / 24 / 2015
Transaction ID : 38913337
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
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 83 OF 156
	<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. Gabrielle W Marshall
 Full Name (Last, First, Middle Initial)
 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,FCOVD
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 25 / 2015
Transaction ID : 38913349
 Amount of Each Receipt this Period
 50.00

B. Dr. Gregory A Caldwell
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Terrace Dr
 City Lilly State PA Zip Code 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 ▼
 2000.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 25 / 2015
Transaction ID : 38913350
 Amount of Each Receipt this Period
 166.67

C. Dr. Lance W Fagan
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 522.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 25 / 2015
Transaction ID : 38913351
 Amount of Each Receipt this Period
 31.00

SUBTOTAL of Receipts This Page (optional).....▶	247.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Mario Joseph Contaldi		Date of Receipt
Mailing Address 7728 Mid Cities Blvd		<input type="text" value="12"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City State Zip Code N Richlnd Hls TX 76180-4621		Transaction ID : 38913353
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Self Employed Doctor of Optometry		<input type="text" value="90.91"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1090.92"/>	

Full Name (Last, First, Middle Initial) B. Dr. Rustin M Hatch		Date of Receipt
Mailing Address 1425 Evergreen Dr		<input type="text" value="12"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City State Zip Code Twin Falls ID 83301-3423		Transaction ID : 38913354
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Self Employed Doctor of Optometry		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey A Gonnason		Date of Receipt
Mailing Address 6721 Gloucester Pl		<input type="text" value="12"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City State Zip Code Anchorage AK 99504-3343		Transaction ID : 38913355
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Self Employed Doctor of Optometry		<input type="text" value="84.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1008.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="224.91"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 156
	<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

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. Mr. Matthew B Willette
 Full Name (Last, First, Middle Initial)
 Mailing Address 1505 Prince Street, Ste. 300
 City Alexandria State VA Zip Code 22314-2874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Optometric Association Occupation Director Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 341.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 25 / 2015
Transaction ID : 38913356
 Amount of Each Receipt this Period
 31.00

B. Dr. Frederick P Darin
 Full Name (Last, First, Middle Initial)
 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 ▼ 1000.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 25 / 2015
Transaction ID : 38913358
 Amount of Each Receipt this Period
 83.34

C. Dr. Jeffrey S Pelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2202 SE Linden Ln
 City Grants Pass State OR Zip Code 97527-5293
 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 Y
 12 / 26 / 2015
Transaction ID : 38913376
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	214.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 86 OF 156
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Randy Bryan Carter
Full Name (Last, First, Middle Initial)

Mailing Address 2 Longwood Ln

City Sandy State UT Zip Code 84092-4856

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 **12 / 26 / 2015**

Transaction ID : 38913378

Amount of Each Receipt this Period **125.00**

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

Mailing Address 25904 210th Ave SE

City Maple Valley State WA Zip Code 98038-7530

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 ▼ **1410.00**

Date of Receipt **12 / 26 / 2015**

Transaction ID : 38913381

Amount of Each Receipt this Period **100.00**

C. Dr. Jeffrey M Anastasio
Full Name (Last, First, Middle Initial)

Mailing Address 13223 Latino Ln

City Folsom State LA Zip Code 70437-3412

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 ▼ **750.00**

Date of Receipt **12 / 26 / 2015**

Transaction ID : 38913382

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **475.00**

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

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

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

FOR LINE NUMBER: PAGE 87 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Lincoln J Dygert
 Full Name (Last, First, Middle Initial)
 Mailing Address 1742 East 7600 South
 City State Zip Code
 South Weber UT 84405-9270
 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 ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2015
Transaction ID : 38913383
 Amount of Each Receipt this Period
 30.00

B. Dr. Ronald D Kirk
 Full Name (Last, First, Middle Initial)
 Mailing Address 1039 E Browns Canyon Rd
 City State Zip Code
 Blanding UT 84511-3323
 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 ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2015
Transaction ID : 38913384
 Amount of Each Receipt this Period
 30.00

C. Dr. Ron Lee Benner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1408 E Maryland Ln
 City State Zip Code
 Laurel MT 59044-2238
 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 ▼
 2000.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2015
Transaction ID : 38913385
 Amount of Each Receipt this Period
 166.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 226.67
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 156
	<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. Sabre A Wright
Full Name (Last, First, Middle Initial)

Mailing Address 1219 W Holt Ave

City Harrison State AR Zip Code 72601-3273

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 ▼ **335.00**

Date of Receipt
12 / 26 / 2015

Transaction ID : 38913387

Amount of Each Receipt this Period
30.00

B. Dr. Dennis M Brtva
Full Name (Last, First, Middle Initial)

Mailing Address 57 Pebblebrook Ct

City Bloomington State IL Zip Code 61705-6300

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.10**

Date of Receipt
12 / 26 / 2015

Transaction ID : 38913388

Amount of Each Receipt this Period
159.10

C. Dr. Robin S Price
Full Name (Last, First, Middle Initial)

Mailing Address 828 N 1170 W

City Pleasant Grv State UT Zip Code 84062-8922

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
12 / 26 / 2015

Transaction ID : 38913389

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... **219.10**

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 89 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Jeff Seeholzer
 Full Name (Last, First, Middle Initial)
 Mailing Address 996 Sunset Rdg
 City Logan State UT Zip Code 84321-4966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2015
Transaction ID : 38913390
 Amount of Each Receipt this Period
 125.00

B. Dr. Leon Michael Favede
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Harbel Dr
 City St Clairsvle State OH Zip Code 43950-1081
 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 ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2015
Transaction ID : 38913392
 Amount of Each Receipt this Period
 126.00

C. Dr. Gary P Walker
 Full Name (Last, First, Middle Initial)
 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 ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2015
Transaction ID : 38913393
 Amount of Each Receipt this Period
 37.50

SUBTOTAL of Receipts This Page (optional).....▶	288.50
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 90 OF 156
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Mark R Lee
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 184
 City State Zip Code
 Blue Diamond NV 89004-0184
 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 ▼
 495.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2015
Transaction ID : 38913394
 Amount of Each Receipt this Period
 45.00

B. Dr. David S Hays
 Full Name (Last, First, Middle Initial)
 Mailing Address 8720 52nd Street Ct W
 City State Zip Code
 University Place WA 98467-1758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2015
Transaction ID : 38913395
 Amount of Each Receipt this Period
 84.00

C. Dr. James P DeVleming
 Full Name (Last, First, Middle Initial)
 Mailing Address 670 SE Meadow Vale Dr
 City State Zip Code
 Pullman WA 99163-2445
 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 ▼
 2004.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2015
Transaction ID : 38913396
 Amount of Each Receipt this Period
 167.00

SUBTOTAL of Receipts This Page (optional).....▶	296.00
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 91 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Stevin Robert Minie
Full Name (Last, First, Middle Initial)

Mailing Address 17601 San Fernando Mission Blvd

City	State	Zip Code
Granada Hills	CA	91344-4038

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 ▼
1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2015
Transaction ID : 38913397

Amount of Each Receipt this Period
 85.00

B. Dr. Brian D Cin
Full Name (Last, First, Middle Initial)

Mailing Address 17346 Alice Loop

City	State	Zip Code
Eagle River	AK	99577-7579

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
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2015
Transaction ID : 38913398

Amount of Each Receipt this Period
 50.00

C. Dr. Michael J Earley
Full Name (Last, First, Middle Initial)

Mailing Address 2460 Breathstone Dr

City	State	Zip Code
Powell	OH	43065-9591

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 ▼
204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2015
Transaction ID : 38913400

Amount of Each Receipt this Period
 17.00

SUBTOTAL of Receipts This Page (optional).....▶	152.00
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 92 OF 156
	<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. MaryJane Healey
Full Name (Last, First, Middle Initial)

Mailing Address 6710 124th PI SE

City Snohomish State WA Zip Code 98296-8649

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
12 / 27 / 2015
Transaction ID : 38913401

Amount of Each Receipt this Period
200.00

B. Dr. Douglas A Safley
Full Name (Last, First, Middle Initial)

Mailing Address 700 1st Ave

City Havre State MT Zip Code 59501-4402

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 ▼ 360.00

Date of Receipt
12 / 27 / 2015
Transaction ID : 38913402

Amount of Each Receipt this Period
30.00

C. Dr. Michael J Veliky
Full Name (Last, First, Middle Initial)

Mailing Address 787 Pony Trl

City Franklin Lks State NJ Zip Code 07417-1549

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
12 / 27 / 2015
Transaction ID : 38913403

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 280.00

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 93 OF 156
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Rob Pate
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Hardwood Cove Rd
 City Birmingham State AL Zip Code 35242-7053
 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 ▼ 498.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2015
Transaction ID : 38913404
 Amount of Each Receipt this Period
 41.67

B. Dr. Jared P Walker
 Full Name (Last, First, Middle Initial)
 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 ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2015
Transaction ID : 38913405
 Amount of Each Receipt this Period
 37.50

C. Dr. Jeffrey W Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 Northcastle St
 City Longview State TX Zip Code 75604-3544
 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 ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2015
Transaction ID : 38913406
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	179.17
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 94 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Mark A Taylor		Date of Receipt 12 / 28 / 2015 Transaction ID : 38913436
Mailing Address 527 E 1500 S		Amount of Each Receipt this Period 20.00
City Kaysville	State UT	Zip Code 84037-3032
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Dr. Teresa M Seim		Date of Receipt 12 / 28 / 2015 Transaction ID : 38913437
Mailing Address 75388 Vineyard Way		Amount of Each Receipt this Period 50.00
City Lawton	State MI	Zip Code 49065-8609
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Geoffrey W Goodfellow		Date of Receipt 12 / 28 / 2015 Transaction ID : 38913438
Mailing Address 260 Aspen Dr		Amount of Each Receipt this Period 45.00
City Beecher	State IL	Zip Code 60401-5123
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 530.01	

SUBTOTAL of Receipts This Page (optional).....▶	115.00
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 95 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Paul A Hodge			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2015 Transaction ID : 38913439
Mailing Address 3042 118th Ave			Amount of Each Receipt this Period 50.00
City Allegan	State MI	Zip Code 49010-9555	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 600.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey Myers			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2015 Transaction ID : 38913440
Mailing Address PO Box 116			Amount of Each Receipt this Period 42.00
City Groveport	State OH	Zip Code 43125-0116	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 504.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Edwin Y Endo			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2015 Transaction ID : 38913443
Mailing Address 98-828 Hiliu PI			Amount of Each Receipt this Period 41.67
City Aiea	State HI	Zip Code 96701-2785	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.04
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	133.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 156
	<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. Nancy S Barr
Full Name (Last, First, Middle Initial)

Mailing Address 435 Conservatory Pt

City Fayetteville State GA Zip Code 30215-8609

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 ▼ 240.00

Date of Receipt
12 / 28 / 2015
Transaction ID : 38913447

Amount of Each Receipt this Period
20.00

B. Dr. Andrea P Thau
Full Name (Last, First, Middle Initial)

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 General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.04

Date of Receipt
12 / 28 / 2015
Transaction ID : 38913448

Amount of Each Receipt this Period
166.67

C. Dr. Daniel L Gauerke
Full Name (Last, First, Middle Initial)

Mailing Address 815 W Fulton St Ste 3

City Waupaca State WI Zip Code 54981-1405

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 ▼ 240.00

Date of Receipt
12 / 28 / 2015
Transaction ID : 38913449

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 206.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 156
	<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 Michael Spanfelner
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 Eagle Nest Dr
 City Chico State CA Zip Code 95928-8344
 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 M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913451
 Amount of Each Receipt this Period
 75.00

B. Ms. Cindy A Schnetzler
 Full Name (Last, First, Middle Initial)
 Mailing Address 530 W Ionia St Ste A
 City Lansing State MI Zip Code 48933-1062
 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 M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913453
 Amount of Each Receipt this Period
 25.00

C. Dr. Jason C Koschmeder
 Full Name (Last, First, Middle Initial)
 Mailing Address 316 Hermosa Dr SE
 City Albuquerque State NM Zip Code 87108-2614
 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 M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913454
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 99 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Shelby D Robinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3939 62nd Ave E
 City State Zip Code
 Fife WA 98424-2377
 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 ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913455
 Amount of Each Receipt this Period
 20.00

B. Dr. Carey A Patrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 970 Patrician Ct
 City State Zip Code
 Fairview TX 75069-8781
 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 Y
 12 / 28 / 2015
Transaction ID : 38913456
 Amount of Each Receipt this Period
 100.00

C. Dr. Shannon C Franklin
 Full Name (Last, First, Middle Initial)
 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 ▼
 444.72

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913457
 Amount of Each Receipt this Period
 37.06

SUBTOTAL of Receipts This Page (optional)..... ▶ 157.06
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 100 OF 156
	<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. Mira B Swiecicki
 Full Name (Last, First, Middle Initial)
 Mailing Address 664 Clark Rd
 City Bellingham State WA Zip Code 98225-7842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2004.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913458
 Amount of Each Receipt this Period
 167.00

B. Dr. Paul Zerbinopoulos
 Full Name (Last, First, Middle Initial)
 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 ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913459
 Amount of Each Receipt this Period
 30.42

C. Dr. Lanny F Duclos JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 3795 Sun Valley Dr
 City Grantsville State UT Zip Code 84029-8512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913461
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	247.42
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 101 OF 156
(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. Craig C Hyre

Mailing Address PO Box 3075

City State Zip Code
 Elkins WV 26241-6075

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 ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913463

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
B. Dr. Steven A Rocchi

Mailing Address 66 Palermo Dr

City State Zip Code
 Oroville CA 95966-9240

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913464

Amount of Each Receipt this Period
 125.00

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

Mailing Address 616 12th St SW

City State Zip Code
 Le Mars IA 51031-2265

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913465

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 180.00

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

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

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

FOR LINE NUMBER: PAGE 102 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Michael Leslie Weeden
 Full Name (Last, First, Middle Initial)
 Mailing Address 2701 Gaines Rd
 City State Zip Code
 Corinth MS 38834-5929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913468
 Amount of Each Receipt this Period
 200.00

B. Dr. Maria Santullo Richman
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 Main St
 City State Zip Code
 Manasquan NJ 08736-3558
 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 ▼
 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913469
 Amount of Each Receipt this Period
 41.67

C. Dr. Harvey B Richman
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 Main St
 City State Zip Code
 Manasquan NJ 08736-3558
 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 ▼
 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913470
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 283.34
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 156
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Matthew A Kelleman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Ridge Ct
 City State Zip Code
 E Brunswick NJ 08816-2932
 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 M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913471
 Amount of Each Receipt this Period
 100.00

B. Dr. Jack Sol Mermelstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 38-63 Dauria Dr
 City State Zip Code
 Fair Lawn NJ 07410-5104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913472
 Amount of Each Receipt this Period
 25.00

C. Dr. Robert Sholomon
 Full Name (Last, First, Middle Initial)
 Mailing Address 269 Walton St
 City State Zip Code
 Englewood NJ 07631-5016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913473
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 104 OF 156
	<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. Lesley J Kraus
Full Name (Last, First, Middle Initial)

Mailing Address 16 Emerson Dr

City Morganville State NJ Zip Code 07751-1509

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
12 / 28 / 2015
Transaction ID : 38913474

Amount of Each Receipt this Period
25.00

B. Dr. HarryJohn Panaretos
Full Name (Last, First, Middle Initial)

Mailing Address 213 Larch Ln

City Mahwah State NJ Zip Code 07430-2071

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
12 / 28 / 2015
Transaction ID : 38913475

Amount of Each Receipt this Period
25.00

C. Dr. Mary Ann Hodle
Full Name (Last, First, Middle Initial)

Mailing Address 193 Tenby Chase Dr Apt 312W

City Delran State NJ Zip Code 08075-2531

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 28 / 2015
Transaction ID : 38913476

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 105 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Dr. Kyle N Hrymack

Mailing Address 319 Madison Ct

City State Zip Code
Brick NJ 08724-1628

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2015
Transaction ID : 38913477

Amount of Each Receipt this Period
25.00

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

Mailing Address 1101 River Rd

City State Zip Code
Woodruff SC 29388-8402

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2015
Transaction ID : 38913478

Amount of Each Receipt this Period
125.00

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

Mailing Address 2724 Surrey Ln

City State Zip Code
Idaho Falls ID 83404-7143

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 ▼
540.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2015
Transaction ID : 38913480

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional).....▶	195.00
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 106 OF 156
	<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. Neil W Drasin
Full Name (Last, First, Middle Initial)

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 ▼ **500.04**

Date of Receipt
12 / 28 / 2015
Transaction ID : **38913481**

Amount of Each Receipt this Period
41.67

B. Dr. Sarah C Gordon
Full Name (Last, First, Middle Initial)

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 Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
12 / 28 / 2015
Transaction ID : **38913482**

Amount of Each Receipt this Period
50.00

C. Dr. Alisha J Heaton
Full Name (Last, First, Middle Initial)

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 ▼ **360.00**

Date of Receipt
12 / 28 / 2015
Transaction ID : **38913483**

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	121.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 156
	<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. Michael John Kruger
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Northpark Blvd
 City Huxley State IA Zip Code 50124-9340
 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 ▼ 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913484
 Amount of Each Receipt this Period
 31.00

B. Dr. Mary Anne C Murphy
 Full Name (Last, First, Middle Initial)
 Mailing Address 16683 Cathedral Way
 City Broomfield State CO Zip Code 80023-4645
 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 M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913485
 Amount of Each Receipt this Period
 25.00

C. Dr. Scott L Nehring
 Full Name (Last, First, Middle Initial)
 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 General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913486
 Amount of Each Receipt this Period
 42.00

SUBTOTAL of Receipts This Page (optional).....▶	98.00
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 108 OF 156
	<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. Kevin Gee
Full Name (Last, First, Middle Initial)

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 ▼
2000.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2015

Transaction ID : 38913487

Amount of Each Receipt this Period
166.67

B. Dr. Ryan Powell
Full Name (Last, First, Middle Initial)

Mailing Address 8030 N Caldwell Ave

City	State	Zip Code
Kansas City	MO	64152-1608

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

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2015

Transaction ID : 38913488

Amount of Each Receipt this Period
25.00

C. Dr. Dirk Schrottenboer
Full Name (Last, First, Middle Initial)

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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2015

Transaction ID : 38913489

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Robert Craig Janot		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2015 Transaction ID : 38913490
Mailing Address 100 Orchard St		Amount of Each Receipt this Period 41.67
City Sulphur	State LA	Zip Code 70663-6268
FEC ID number of contributing federal political committee.	C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) B. Dr. Kristofer K Thornton		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2015 Transaction ID : 38913491
Mailing Address 175 Page Creek Dr		Amount of Each Receipt this Period 50.00
City Hallsville	State TX	Zip Code 75650-3470
FEC ID number of contributing federal political committee.	C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Dr. Moses D'Janbatian		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2015 Transaction ID : 38913493
Mailing Address 330 N Brand Blvd Ste 110		Amount of Each Receipt this Period 500.00
City Glendale	State CA	Zip Code 91203-2308
FEC ID number of contributing federal political committee.	C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	591.67
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 110 OF 156
(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. Jeff A Hayden

Mailing Address 679 Plumtree Ln

City State Zip Code
 Fenton MI 48430-4207

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 ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913494

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Dr. David S Cook

Mailing Address 6460 Devon Ln

City State Zip Code
 Cadillac MI 49601-9549

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913495

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Dr. Barry J Jose

Mailing Address 2409 Wintersteen Rd

City State Zip Code
 Plattsmouth NE 68048-8958

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 ▼
 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913496

Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ **166.67**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 156
	<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. Rodney D Fair
Full Name (Last, First, Middle Initial)

Mailing Address 1169 Coneflower Way

City Brighton State CO Zip Code 80601-6785

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt
12 / 28 / 2015
Transaction ID : **38913497**

Amount of Each Receipt this Period
41.67

B. Dr. Robert L Jarrell III
Full Name (Last, First, Middle Initial)

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 ▼ **2000.04**

Date of Receipt
12 / 28 / 2015
Transaction ID : **38913498**

Amount of Each Receipt this Period
166.67

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

Mailing Address 1445 Prospect Ave Unit D

City Placentia State CA Zip Code 92870-3816

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.04**

Date of Receipt
12 / 28 / 2015
Transaction ID : **38913499**

Amount of Each Receipt this Period
166.67

SUBTOTAL of Receipts This Page (optional).....▶	375.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 156
	<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	

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

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 Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2003.28

Date of Receipt
12 / 28 / 2015
Transaction ID : 38913500

Amount of Each Receipt this Period
166.94

B. Dr. Curtis A Ono
Full Name (Last, First, Middle Initial)

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 Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.04

Date of Receipt
12 / 28 / 2015
Transaction ID : 38913501

Amount of Each Receipt this Period
187.38

C. Dr. Gilbert Pierce
Full Name (Last, First, Middle Initial)

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 ▼
540.00

Date of Receipt
12 / 28 / 2015
Transaction ID : 38913502

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional).....▶	399.32
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 113 OF 156
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. William Thomas Reynolds Jr.
 Full Name (Last, First, Middle Initial)
 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 Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.04

Date of Receipt 12 / 28 / 2015
Transaction ID : 38913503
 Amount of Each Receipt this Period 166.67

B. Dr. Melissa A Curl
 Full Name (Last, First, Middle Initial)
 Mailing Address 5225 Overland Trce
 City Birmingham State AL Zip Code 35244-3958
 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 366.00

Date of Receipt 12 / 28 / 2015
Transaction ID : 38913504
 Amount of Each Receipt this Period 30.50

C. Dr. Diane E Reddin
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 66
 City Crawford State CO Zip Code 81415-0066
 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 1200.00

Date of Receipt 12 / 28 / 2015
Transaction ID : 38913505
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 297.17
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 114 OF 156
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Robert J Parks		Date of Receipt 12 / 28 / 2015 Transaction ID : 38913507
Mailing Address 86 Darlene Dr		Amount of Each Receipt this Period 31.25
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Dr. Steven Thomas Reed		Date of Receipt 12 / 28 / 2015 Transaction ID : 38913508
Mailing Address 4550 Simpson Highway 28 W		Amount of Each Receipt this Period 90.00
City Magee	State MS	Zip Code 39111-5187
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	

Full Name (Last, First, Middle Initial) C. Dr. Chris R Fields		Date of Receipt 12 / 28 / 2015 Transaction ID : 38913509
Mailing Address 410 Miracle Mile Suite 13		Amount of Each Receipt this Period 167.00
City Lebanon	State NH	Zip Code 03766-2639
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2004.00	

SUBTOTAL of Receipts This Page (optional).....▶	288.25
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Benjamin D Crawford		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2015 Transaction ID : 38913510
Mailing Address 1840 Kuskokwim St		Amount of Each Receipt this Period 100.00
City Anchorage	State AK	Zip Code 99508-3230
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Ivo Horak		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2015 Transaction ID : 38913511
Mailing Address 4366 Cooper Oaks Dr SE		Amount of Each Receipt this Period 20.00
City Smyrna	State GA	Zip Code 30082-4766
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Dr. Marjorie J Knotts		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2015 Transaction ID : 38913512
Mailing Address 6120 Guilford Ave		Amount of Each Receipt this Period 30.00
City Indianapolis	State IN	Zip Code 46220-1940
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 OF 156 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Ronald L Mearsha	Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2015 Transaction ID : 38913513
Mailing Address 224 N 54th Ave	Amount of Each Receipt this Period 50.00
City State Zip Code Greeley CO 80634-4253	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 350.00
Name of Employer Occupation Self Employed Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Dr. Jason A Ricks	Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2015 Transaction ID : 38913514
Mailing Address 108 Agate Dr	Amount of Each Receipt this Period 41.67
City State Zip Code Lewistown MT 59457-3202	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.04
Name of Employer Occupation Self Employed Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Dr. Peter H Kehoe	Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2015 Transaction ID : 38913516
Mailing Address 521 N Soangetaha Rd	Amount of Each Receipt this Period 175.00
City State Zip Code Galesburg IL 61401-5588	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2100.00
Name of Employer Occupation Self Employed Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....	266.67
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: (check only one)	PAGE 117 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Chad E Klein			Date of Receipt 12 / 28 / 2015 Transaction ID : 38913517
Mailing Address 1060 S 15th Ave W			Amount of Each Receipt this Period 25.00
City Newton	State IA	Zip Code 50208-5375	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr. George N Eischens			Date of Receipt 12 / 28 / 2015 Transaction ID : 38913518
Mailing Address 810 Wynwood Dr			Amount of Each Receipt this Period 45.00
City Prattville	State AL	Zip Code 36067-2013	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00		

Full Name (Last, First, Middle Initial) C. Dr. Christopher L Eddy			Date of Receipt 12 / 28 / 2015 Transaction ID : 38913519
Mailing Address 6306 Buchanan St			Amount of Each Receipt this Period 84.00
City Fort Collins	State CO	Zip Code 80525-5810	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1008.00		

SUBTOTAL of Receipts This Page (optional).....▶	154.00
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 118 OF 156
	<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. Bruce Manning
Full Name (Last, First, Middle Initial)

Mailing Address 487 Whitebark Cir

City Wadsworth State OH Zip Code 44281-2299

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 ▼ **372.00**

Date of Receipt **12 / 28 / 2015**

Transaction ID : 38913520

Amount of Each Receipt this Period **31.00**

B. Dr. Brenden R White
Full Name (Last, First, Middle Initial)

Mailing Address 864 E Ranch Cir

City Draper State UT Zip Code 84020-9011

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 ▼ **950.00**

Date of Receipt **12 / 28 / 2015**

Transaction ID : 38913522

Amount of Each Receipt this Period **100.00**

C. Dr. Scott S Weaver
Full Name (Last, First, Middle Initial)

Mailing Address 50 Doersam Ct

City York State PA Zip Code 17406-6916

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 **12 / 14 / 2015**

Transaction ID : 38913546

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **631.00**

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

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

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

FOR LINE NUMBER: PAGE 119 OF 156
(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. Justine E Redlin

Mailing Address 705 48Th St N

City State Zip Code
 Great Falls MT 59405-1321

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : 38913568

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Dr. Jaime A Hazen

Mailing Address 1009 22nd St

City State Zip Code
 Wheatland WY 82201-2425

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : 38913569

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Dr. Roger I Jones

Mailing Address 3256 Shadewood Ter

City State Zip Code
 Owensboro KY 42303-8844

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : 38913570

Amount of Each Receipt this Period
 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. George J Brown III
 Full Name (Last, First, Middle Initial)
 Mailing Address 163 Brightridge Ave
 City E Providence State RI Zip Code 02914-3236
 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 M / D D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : 38913571
 Amount of Each Receipt this Period
 250.00

B. Dr. David W Wineland
 Full Name (Last, First, Middle Initial)
 Mailing Address 8400 Concord Rd
 City Johnstown State OH Zip Code 43031-8154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1527.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : 38913573
 Amount of Each Receipt this Period
 127.25

C. Dr. Rose Marie Betz
 Full Name (Last, First, Middle Initial)
 Mailing Address 7300 N Bluff Dr
 City Tuscaloosa State AL Zip Code 35406-2608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : 38913575
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	477.25
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 121 OF 156
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Chad E Mc Donald		Date of Receipt M M / D D / Y Y Y Y Y 12 / 24 / 2015 Transaction ID : 38913617
Mailing Address 1 Hickory Ln		Amount of Each Receipt this Period 1000.00
City West Newbury	State MA	Zip Code 01985-1020
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Paul Alan Seibert		Date of Receipt M M / D D / Y Y Y Y Y 12 / 24 / 2015 Transaction ID : 38913618
Mailing Address 295 200th Ave		Amount of Each Receipt this Period 500.00
City Fairmont	State MN	Zip Code 56031-5080
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Eric B Pierce		Date of Receipt M M / D D / Y Y Y Y Y 12 / 24 / 2015 Transaction ID : 38913619
Mailing Address 1558 Oakley Ave		Amount of Each Receipt this Period 300.00
City Burley	State ID	Zip Code 83318-1805
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
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 122 OF 156
	<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. Delbert Oman
Full Name (Last, First, Middle Initial)

Mailing Address 8 W 218 S

City Burley State ID Zip Code 83318-5759

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
12 / 24 / 2015
Transaction ID : 38913620

Amount of Each Receipt this Period
300.00

B. Dr. Douglas Jerome Kimball
Full Name (Last, First, Middle Initial)

Mailing Address 3623 Fieldstone Dr W

City Bozeman State MT Zip Code 59715-7134

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
12 / 24 / 2015
Transaction ID : 38913621

Amount of Each Receipt this Period
250.00

C. Dr. Timothy E Savageau
Full Name (Last, First, Middle Initial)

Mailing Address 18269 Justice Way

City Lakeville State MN Zip Code 55044-5013

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
12 / 24 / 2015
Transaction ID : 38913622

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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 123 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Danna D Habu
 Full Name (Last, First, Middle Initial)
 Mailing Address 2870 Nickelby Dr
 City Shelby Township State MI Zip Code 48316-4869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry,FCOVD
 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
 12 / 24 / 2015
Transaction ID : 38913623
 Amount of Each Receipt this Period
 250.00

B. Dr. Jerrold H Fruchtman
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 Browning Rd
 City Short Hills State NJ Zip Code 07078-1115
 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
 12 / 24 / 2015
Transaction ID : 38913624
 Amount of Each Receipt this Period
 250.00

C. Dr. Jonathan L Warner
 Full Name (Last, First, Middle Initial)
 Mailing Address 16362 County Road 144
 City Kenton State OH Zip Code 43326-9546
 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
 12 / 24 / 2015
Transaction ID : 38913625
 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).....▶	

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

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

FOR LINE NUMBER: PAGE 124 OF 156
(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. Stephen E Hess

Mailing Address 58 Brookwood Rd

City State Zip Code
 Ivyland PA 18974-1266

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38913689

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Dr. Grant W Jones

Mailing Address 2117 Grandview Dr

City State Zip Code
 Torrington WY 82240-2638

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38914168

Amount of Each Receipt this Period
 91.25

Full Name (Last, First, Middle Initial)
C. Dr. Lynda L Jones

Mailing Address 2117 Grandview Dr

City State Zip Code
 Torrington WY 82240-2638

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2015
Transaction ID : 38914169

Amount of Each Receipt this Period
 91.25

SUBTOTAL of Receipts This Page (optional)..... ▶ 207.50

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

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

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

FOR LINE NUMBER: PAGE 125 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Gregory A Vosseteig
 Full Name (Last, First, Middle Initial)
 Mailing Address 1502 Woodrose Ct
 City Fort Collins State CO Zip Code 80526-6934
 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 Y
 12 / 28 / 2015
Transaction ID : 38914190
 Amount of Each Receipt this Period
 500.00

B. Dr. Daniel Dawson Coyle
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 Tea Farm Rd
 City Summerville State SC Zip Code 29483-4218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38914379
 Amount of Each Receipt this Period
 125.00

C. Dr. Busisiwe R VanDriel
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 Iris Ln
 City Wausau State WI Zip Code 54401-0618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38923379
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 925.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 126 OF 156
(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. Mr Rodney Peele

Mailing Address 1505 Prince Street
 Suite 30

City State Zip Code
 Alexandria VA 22314-2852

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

Name of Employer Occupation
 American Optometric Association Lobbyist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38923381

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Dr. Mark Alan Arneson

Mailing Address 5231 Madalyn Rd

City State Zip Code
 Lincoln NE 68516-5337

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 ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38923383

Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
C. Dr. Jeremy D Baumfalk

Mailing Address 8201 Russwood Cir

City State Zip Code
 Lincoln NE 68505-2737

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 ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38923385

Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 580.00

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 127 OF 156
	<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. Karen Ann Culbertson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1204 N 128th Cir
 City Omaha State NE Zip Code 68154-1286
 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 ▼ 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38923389
 Amount of Each Receipt this Period
 42.68

B. Dr. Janet Rose Fett
 Full Name (Last, First, Middle Initial)
 Mailing Address 517 S Ridge Dr
 City S Sioux City State NE Zip Code 68776-3828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38923390
 Amount of Each Receipt this Period
 66.62

C. Dr. Gary D Finn
 Full Name (Last, First, Middle Initial)
 Mailing Address 6708 N 160th St
 City Omaha State NE Zip Code 68116-4073
 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 ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38923392
 Amount of Each Receipt this Period
 48.00

SUBTOTAL of Receipts This Page (optional).....▶	157.30
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 128 OF 156
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Eric R Gengenbach
 Full Name (Last, First, Middle Initial)
 Mailing Address 32830 Road 761
 City Grant State NE Zip Code 69140-3202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38923394
 Amount of Each Receipt this Period
 66.68

B. Dr. Victoria A Gengenbach
 Full Name (Last, First, Middle Initial)
 Mailing Address 32830 Road 761
 City Grant State NE Zip Code 69140-3202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38923395
 Amount of Each Receipt this Period
 66.68

C. Dr. Scott L Greder
 Full Name (Last, First, Middle Initial)
 Mailing Address 20008 Dewey Ave
 City Elkhorn State NE Zip Code 68022-2769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38923397
 Amount of Each Receipt this Period
 66.68

SUBTOTAL of Receipts This Page (optional).....▶	200.04
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 129 OF 156
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 19264 Williams St

City Omaha State NE Zip Code 68130-3017

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 ▼
401.60

Date of Receipt
12 / 29 / 2015
Transaction ID : 38923401

Amount of Each Receipt this Period
34.00

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

Mailing Address 1010 Lilac Ln

City Wayne State NE Zip Code 68787-1108

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 ▼
240.00

Date of Receipt
12 / 29 / 2015
Transaction ID : 38923402

Amount of Each Receipt this Period
40.00

C. Dr. Walter Craig McCormick
Full Name (Last, First, Middle Initial)

Mailing Address 924 Tibbals St

City Holdrege State NE Zip Code 68949-1653

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 ▼
408.00

Date of Receipt
12 / 29 / 2015
Transaction ID : 38923406

Amount of Each Receipt this Period
68.00

SUBTOTAL of Receipts This Page (optional).....▶	142.00
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 130 OF 156
	<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. Paul L Salansky Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 N 8th St
 City Nebraska City State NE Zip Code 68410-2456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38923410
 Amount of Each Receipt this Period
 66.68

B. Dr. Steven P Sandman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1806 Wildwood Cir
 City Beatrice State NE Zip Code 68310-5149
 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 ▼ 432.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38923411
 Amount of Each Receipt this Period
 32.00

C. Dr. Mark A Toelle
 Full Name (Last, First, Middle Initial)
 Mailing Address 16258 Craig Ave
 City Bennington State NE Zip Code 68007-1885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38923414
 Amount of Each Receipt this Period
 66.68

SUBTOTAL of Receipts This Page (optional).....▶	165.36
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 131 OF 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Robert Stephen Vandervort
 Full Name (Last, First, Middle Initial)
 Mailing Address 16019 Lake Cir
 City State Zip Code
 Omaha NE 68116-2425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38923415
 Amount of Each Receipt this Period
 66.67

B. Dr. Vicky Johns Vandervort
 Full Name (Last, First, Middle Initial)
 Mailing Address 16019 Lake Cir
 City State Zip Code
 Omaha NE 68116-2425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38923416
 Amount of Each Receipt this Period
 66.66

C. Dr. Darren J Wright
 Full Name (Last, First, Middle Initial)
 Mailing Address 1702 M St
 City State Zip Code
 Auburn NE 68305-2146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38923417
 Amount of Each Receipt this Period
 66.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 199.99
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 132 OF 156
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Elliot F Lasky
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Masefield Rd
 City Nashua State NH Zip Code 03062-2517
 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 M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38923453
 Amount of Each Receipt this Period
 50.00

B. Dr. Richard Glenn Stegen
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Library Rd
 City Grafton State NH Zip Code 03240-3446
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38923468
 Amount of Each Receipt this Period
 50.00

C. Dr. Jennifer L Planitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 3537 Newcastle Dr Se
 City Rio Rancho State NM Zip Code 87124-3672
 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 ▼ 2083.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : 38923583
 Amount of Each Receipt this Period
 416.66

SUBTOTAL of Receipts This Page (optional).....▶	516.66
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 133 OF 156
	<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. Julie A Hart
Full Name (Last, First, Middle Initial)

Mailing Address 9000 County Road 9410

City West Plains	State MO	Zip Code 65775-6198
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2015

Transaction ID : 38923598

Amount of Each Receipt this Period
250.00

B. Dr. Paul E Harvey
Full Name (Last, First, Middle Initial)

Mailing Address 5486 Johnson Rd

City Canandaigua	State NY	Zip Code 14424-8332
---------------------	-------------	------------------------

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
12	/	29	/	2015

Transaction ID : 38923599

Amount of Each Receipt this Period
250.00

C. Dr. Minh T Duong
Full Name (Last, First, Middle Initial)

Mailing Address 808 57Th St

City Meridian	State MS	Zip Code 39305-8529
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2015

Transaction ID : 38923600

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 156
	<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. 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 ▼ 1000.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 38926375
 Amount of Each Receipt this Period
 63.50

B. Dr. Samuel M Wapner
 Full Name (Last, First, Middle Initial)
 Mailing Address 4374 Strathdale Ct
 City W Bloomfield State MI Zip Code 48323-3137
 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 M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 38927907
 Amount of Each Receipt this Period
 200.00

C. Dr. John Howard Muto
 Full Name (Last, First, Middle Initial)
 Mailing Address 3146 N 24th St
 City Boise State ID Zip Code 83702-0610
 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
 12 / 31 / 2015
Transaction ID : 38928557
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	513.50
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. WellsFargo

Mailing Address 1650 Tyson Blvd.

City McLean State VA Zip Code 22102

Purpose of Disbursement
Bank Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2015			

Transaction ID : 38863690

Amount of Each Disbursement this Period

949.22

Bank Fees

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Visa/Master Card Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2015			

Transaction ID : 38929591

Amount of Each Disbursement this Period

1364.33

Visa/Master Card Fees

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
American Express Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2015			

Transaction ID : 38929592

Amount of Each Disbursement this Period

363.22

American Express Fees

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

2676.77

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

--

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 38929593

Amount of Each Disbursement this Period

Bank Fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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. McConnell for Majority Leader Committee

Mailing Address 228 S. Washington St.
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Committee Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : 38833390

Amount of Each Disbursement this Period

5000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

B. Buddy Carter For Congress

Mailing Address 200 E St Julian St Suite 603

City Savannah State GA Zip Code 31401

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rep. Buddy Carter

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : 38833393

Amount of Each Disbursement this Period

4000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Tom Rice For Congress

Mailing Address PO Box 70098

City Myrtle Beach State SC Zip Code 29572

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Tom Rice

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District: 07

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2015

Transaction ID : 38842716

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

11500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Elizabeth Esty

Mailing Address PO Box 61

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Elizabeth Esty

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2015

Transaction ID : 38842990

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Lynn Jenkins For Congress

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Lynn Jenkins

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2015

Transaction ID : 38843019

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Bennet Colorado Victory

Mailing Address 1776 Platte St.

City Denver State CO Zip Code 80202

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2015

Transaction ID : 38843022

Amount of Each Disbursement this Period

5000.00

Committee Contribution

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mckinley For Congress

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rep. David McKinley

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5		6	7	8	9	0	
12				07			2015					

Transaction ID : 38843110

Amount of Each Disbursement this Period

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

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Lahood For Congress

Mailing Address P.O. Box 10735

City Peoria State IL Zip Code 61612

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Darin Lahood

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5		6	7	8	9	0	
12				07			2015					

Transaction ID : 38843111

Amount of Each Disbursement this Period

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

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. People For Derek Kilmer

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Derek Kilmer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5		6	7	8	9	0	
12				07			2015					

Transaction ID : 38843113

Amount of Each Disbursement this Period

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

Candidate Contribution

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

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

7	5	0	0	.	0	0
7	5	0	0	.	0	0

7	5	0	0	.	0	0
7	5	0	0	.	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Brad Ashford For Congress

Mailing Address PO Box 24023

City Omaha State NE Zip Code 68124

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Brad Ashford

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	1	5

Transaction ID : 38843115

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Cheri Bustos

Mailing Address 1050 17th St Nw Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Cheri Bustos

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	1	5

Transaction ID : 38843116

Amount of Each Disbursement this Period

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

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Lobiondo For Congress

Mailing Address P. O. Box 550

City Vineland State NJ Zip Code 08362

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Frank A. LoBiondo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	1	5

Transaction ID : 38843120

Amount of Each Disbursement this Period

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

Candidate Contribution

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

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

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Jason Smith For Congress

Mailing Address PO Box 1324

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Jason T. Smith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	1	5

Transaction ID : 38847318

Amount of Each Disbursement this Period

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

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Richard Hanna For Congress Committee

Mailing Address PO Box 118

City Utica State NY Zip Code 13503

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Richard Hanna

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	1	5

Transaction ID : 38847320

Amount of Each Disbursement this Period

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

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Luke Messer For Congress

Mailing Address PO Box 917

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Luke Messer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	1	5

Transaction ID : 38847322

Amount of Each Disbursement this Period

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

Candidate Contribution

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

4	5	0	0	.	0	0
---	---	---	---	---	---	---

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

4	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Adrian Smith For Congress

Mailing Address 3321 Avenue I
Suite 6

City State Zip Code
Scottsbluff NE 69361

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Adrian Smith

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2015

Transaction ID : 38847323

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Yoder For Congress, Inc

Mailing Address PO Box 26742

City State Zip Code
Overland Park KS 66225

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Kevin Yoder

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2015

Transaction ID : 38847325

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Young For Iowa, Inc.

Mailing Address PO Box 162

City State Zip Code
Van Meter IA 50261

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

David Young

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2015

Transaction ID : 38847326

Amount of Each Disbursement this Period

1500.00

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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Volunteers For Shimkus

Mailing Address PO Box 661

City State Zip Code
Collinsville IL 62234

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. John M. Shimkus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

Transaction ID : 38847368

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Michael Burgess For Congress

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Michael C. Burgess M.D.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

Transaction ID : 38847372

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Latta For Congress

Mailing Address PO Box 106

City State Zip Code
Bowling Green OH 43402

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Bob Latta

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

Transaction ID : 38847374

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregg Harper For Congress

Mailing Address Post Office Box 54344

City Pearl State MS Zip Code 39288

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Gregg Harper

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MS District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2015

Transaction ID : 38847375

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Brett Guthrie

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2015

Transaction ID : 38847377

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Olson For Congress Committee

Mailing Address PO Box 16381

City Sugar Land State TX Zip Code 77496

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Pete Olson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2015

Transaction ID : 38847380

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Hudson For Congress

Mailing Address PO Box 5053

City State Zip Code
Concord NC 28027-1500

Purpose of Disbursement
Committee Contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 38847393

Amount of Each Disbursement this Period

Committee Contribution

Full Name (Last, First, Middle Initial)

B. Collins For Congress

Mailing Address PO Box 386

City State Zip Code
Clarence NY 14031

Purpose of Disbursement
Candidate Contribution

Category/
Type

Candidate Name

Rep. Christopher Collins

Office Sought: House Senate President
State: NY District: 27

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 38847395

Amount of Each Disbursement this Period

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City State Zip Code
Columbus OH 43231

Purpose of Disbursement
Candidate Contribution

Category/
Type

Candidate Name

Rep. Pat J. Tiberi

Office Sought: House Senate President
State: OH District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 38847396

Amount of Each Disbursement this Period

Candidate Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Devin G. Nunes

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

Transaction ID : 38847397

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Bill Shuster For Congress

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. William Franklin Shuster

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

Transaction ID : 38847426

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Billy Long For Congress

Mailing Address 3246 E Ridgeview St

City Springfield State MO Zip Code 65804

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Billy Long

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2015			

Transaction ID : 38847466

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Swalwell For Congress

Mailing Address P.O. Box 2847

City State Zip Code
Dublin CA 94568

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Eric M. Swalwell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	1	5

Transaction ID : 38865005

Amount of Each Disbursement this Period

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

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Scott Peters For Congress

Mailing Address PO Box 75357

City State Zip Code
Washington DC 20002

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Scott Peters

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	1	5

Transaction ID : 38865006

Amount of Each Disbursement this Period

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

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. The Niki Tsongas Committee

Mailing Address PO Box 1454

City State Zip Code
Lowell MA 01853

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Nicola Tsongas

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	1	5

Transaction ID : 38865007

Amount of Each Disbursement this Period

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

Candidate Contribution

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

7	5	0	0	0	0
---	---	---	---	---	---

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

7	5	0	0	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. The Bill Keating Committee

Mailing Address P.O. Box 3065

City Buzzards Bay State MA Zip Code 02532

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. William Keating

Category/
Type

Office Sought: House
 Senate
 President
State: MA District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : 38865008

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Jim Costa For Congress

Mailing Address 2037 W Bullard Avenue
355

City Fresno State CA Zip Code 93711

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Jim Costa

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 16

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : 38865009

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Tim Walz For Us Congress

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Timothy J. Walz

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : 38865010

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ruiz For Congress

Mailing Address PO Box 3433

City State Zip Code
Palm Desert CA 92261

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Raul Ruiz MD

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 36

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

Transaction ID : 38865011

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Leahy For U.S. Senator Committee

Mailing Address PO Box 1042

City State Zip Code
Montpelier VT 05601

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Sen. Patrick J. Leahy

Category/
Type

Office Sought: House
 Senate
 President
State: VT District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

Transaction ID : 38865013

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Hall For Congress Exploratory Committee

Mailing Address 249 E. Ocean Blvd. Suite 685

City State Zip Code
Long Beach CA 90802

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Isadore Hall III

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 44

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2015			

Transaction ID : 38865014

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

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

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Julia Brownley For Congress

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Julia Brownley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : 38865058

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Jeff Fortenberry For United States Congress

Mailing Address PO Box 30265

City Lincoln State NE Zip Code 68503

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Jeff Fortenberry

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NE District: 01

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : 38865070

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Westmoreland For Congress

Mailing Address P.O. Box 458

City Sharpsburg State GA Zip Code 30277

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Lynn A. Westmoreland

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 03

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2015

Transaction ID : 38865071

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Gowan For Arizona, Inc

Mailing Address 2027 Santa Teresa Drive

City State Zip Code
Sierra Vista AZ 85635

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

David Gowan Sr

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : 38865073

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Faso For Congress

Mailing Address PO Box 448

City State Zip Code
Kinderhook NY 12106

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

John Faso

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 19

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : 38865074

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Mike Bost For Congress Committee

Mailing Address PO Box 1212

City State Zip Code
Murphysboro IL 62966

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Mike Bost

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : 38865081

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Adrian Smith For Congress

Mailing Address 3321 Avenue I
Suite 6

City State Zip Code
Scottsbluff NE 69361

Purpose of Disbursement
Candidate Contribution

011

Candidate Name
Adrian Smith

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 17 / 2015

Transaction ID : 38879742

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Donald Norcross For Congress

Mailing Address PO Box 160

City State Zip Code
Collingswood NJ 08108

Purpose of Disbursement
Candidate Contribution

011

Candidate Name
Donald Norcross

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 17 / 2015

Transaction ID : 38880844

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Athena PAC

Mailing Address 301 W Platt St #385

City State Zip Code
Tampa FL 33606

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 17 / 2015

Transaction ID : 38880846

Amount of Each Disbursement this Period

5000.00

Committee Contribution

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

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

9500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Ratcliffe For Congress

Mailing Address 2931 Ridge Road, Suite 101
Pmb #217

City Rockwall State TX Zip Code 75032

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. John Ratcliffe

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : 38911387

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Shore PAC

Mailing Address P O Box 3157

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2015

Transaction ID : 38911460

Amount of Each Disbursement this Period

2500.00

Committee Contribution

Full Name (Last, First, Middle Initial)

C. Louise Slaughter Re-Election Committee

Mailing Address P.O. Box 30632

City Rochester State NY Zip Code 14603

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Louise McIntosh Slaughter

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2015

Transaction ID : 38913690

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

4500.00

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

128500.00