

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Optometric Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="487852.98"/>	<input type="text" value="487852.98"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="585115.22"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="39745.15"/>	<input type="text" value="740749.13"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="624860.37"/>	<input type="text" value="1228602.11"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="35740.83"/>	<input type="text" value="639482.57"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="589119.54"/>	<input type="text" value="589119.54"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 01 / 2013 To: M M / D D / Y Y Y Y 11 / 30 / 2013

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	28945.01	497769.15
(ii) Unitemized	10775.34	241612.79
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	39720.35	739381.94
(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)	39720.35	739381.94
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	24.80	367.19
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))..... ▶	39745.15	740749.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	39745.15	740749.13

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	2240.83	67287.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2240.83	67287.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33500.00	560500.00
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	1695.00
(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	1695.00
29. Other Disbursements	0.00	10000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	35740.83	639482.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35740.83	639482.57

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)	39720.35	739381.94
34. Total Contribution Refunds (from Line 28(d))	0.00	1695.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39720.35	737686.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2240.83	67287.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2240.83	67287.57

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 80
	<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	

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

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

Full Name (Last, First, Middle Initial) A. Dr Joseph M Di Girolamo		Date of Receipt M M / D D / Y Y Y Y Y 11 / 04 / 2013 Transaction ID : 36584055
Mailing Address 1460 Brentwood Way		Amount of Each Receipt this Period 1000.00
City Earlysville	State VA	
Zip Code 22936-2837		Aggregate Year-to-Date ▼ 1000.00
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) ▼		

Full Name (Last, First, Middle Initial) B. Dr Kathleen E Powell		Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2013 Transaction ID : 36601877
Mailing Address 9710 Copper Dr		Amount of Each Receipt this Period 85.00
City Anchorage	State AK	
Zip Code 99507-1226		Aggregate Year-to-Date ▼ 765.00
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) ▼		

Full Name (Last, First, Middle Initial) C. Dr Samuel Pierce		Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2013 Transaction ID : 36602222
Mailing Address 2679 Vesclub Cir		Amount of Each Receipt this Period 500.00
City Vestavia	State AL	
Zip Code 35216-1356		Aggregate Year-to-Date ▼ 2000.00
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) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1585.00
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 80
(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 Karla Zadnik

Mailing Address 183 Franklin Ave

City State Zip Code
 Worthington OH 43085-3186

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2013
Transaction ID : 36602270

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Dr Kimberly Ocampo

Mailing Address 823 6th Ave SE

City State Zip Code
 Decatur AL 35601-3021

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
 11 / 07 / 2013
Transaction ID : 36604331

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
c. Dr April L Jasper

Mailing Address Po Box 2375

City State Zip Code
 West Palm Bch FL 33402-2375

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
 11 / 08 / 2013
Transaction ID : 36604333

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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 8 OF 80
<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 Lynda L Jones		Date of Receipt
Mailing Address 2117 Grandview Dr		<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City Torrington State WY Zip Code 82240-2638		Transaction ID : 36608624
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="400.00"/>
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="765.00"/>	

Full Name (Last, First, Middle Initial) B. Dr Jeffrey A Wilson		Date of Receipt
Mailing Address 1460 N Riverbend Dr		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City Green River State WY Zip Code 82935-6308		Transaction ID : 36609298
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Dr Wanda C Batson		Date of Receipt
Mailing Address 8120 Rock Hill Rd		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City Baker State FL Zip Code 32531-7337		Transaction ID : 36609319
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1150.00"/>
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 9 OF 80
	<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 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 ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2013
Transaction ID : 36609320

Amount of Each Receipt this Period
25.00

B. Dr Chad 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 ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2013
Transaction ID : 36609321

Amount of Each Receipt this Period
25.00

C. Dr Edwin Endo
Full Name (Last, First, Middle Initial)

Mailing Address 98-828 HILIU PL

City State Zip Code
AIEA HI 96701-2785

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 ▼
416.60

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2013
Transaction ID : 36612925

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.66

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 10 OF 80
	<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 William Gil Davis
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 516

City State Zip Code
Newton MS 39345-0516

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 01 / 2013
Transaction ID : 36613253

Amount of Each Receipt this Period
250.00

B. Dr Jon Stephen Jacobs
Full Name (Last, First, Middle Initial)

Mailing Address 9601 Sea Turtle Dr

City State Zip Code
Plantation FL 33324-2821

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
11 / 01 / 2013
Transaction ID : 36613254

Amount of Each Receipt this Period
125.00

c. Dr Kyle Cheatham
Full Name (Last, First, Middle Initial)

Mailing Address 18472 VAN CAMP DR

City State Zip Code
OMAHA NE 68130-4251

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 / D D / Y Y Y Y Y
11 / 08 / 2013
Transaction ID : 36613276

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional).....▶	775.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 80
	<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 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 ▼ 300.00

Date of Receipt 11 / 08 / 2013
Transaction ID : 36613281

Amount of Each Receipt this Period 100.00

B. 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 ▼ 216.00

Date of Receipt 11 / 08 / 2013
Transaction ID : 36613283

Amount of Each Receipt this Period 72.00

C. Dr Eric 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 ▼ 280.00

Date of Receipt 11 / 08 / 2013
Transaction ID : 36613285

Amount of Each Receipt this Period 120.00

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 12 OF 80
<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 Victoria A Gengenbach
Full Name (Last, First, Middle Initial)
Mailing Address 75490 Road 330

City Grant	State NE	Zip Code 69140-3330
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2013

Transaction ID : 36613286

Amount of Each Receipt this Period

120.00

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

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

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2013

Transaction ID : 36613289

Amount of Each Receipt this Period

400.00

C. DR Scott Greder
Full Name (Last, First, Middle Initial)
Mailing Address 2105 S 63rd St Apt 8

City Omaha	State NE	Zip Code 68106-2100
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2013

Transaction ID : 36613292

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶	620.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 80
	<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 Richard Lee Kant
Full Name (Last, First, Middle Initial)

Mailing Address 1115 E Nobes Rd

City York State NE Zip Code 68467-4523

FEC ID number of 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 11 / 08 / 2013
Transaction ID : 36613299

Amount of Each Receipt this Period 300.00

B. Dr Ann Feidler-Klein
Full Name (Last, First, Middle Initial)

Mailing Address 909 PARK WAY

City NORFOLK State NE Zip Code 68701-3068

FEC ID number of 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 11 / 08 / 2013
Transaction ID : 36613303

Amount of Each Receipt this Period 400.00

C. Dr Jeffrey S Klein
Full Name (Last, First, Middle Initial)

Mailing Address 909 Park Way

City Norfolk State NE Zip Code 68701-3068

FEC ID number of 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 11 / 08 / 2013
Transaction ID : 36613304

Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional).....▶ 1100.00

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 14 OF 80
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Dr Corey M Langford

Mailing Address 7756 N 153Rd St

City Bennington State NE Zip Code 68007-1551

FEC ID number of 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
11 / 08 / 2013

Transaction ID : 36613310

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
B. Dr Walter C Mc Cormick

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 ▼ **306.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2013

Transaction ID : 36613338

Amount of Each Receipt this Period
102.00

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

Mailing Address 10655 RIDGEMONT CIR

City OMAHA State NE Zip Code 68136-4029

FEC ID number of 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
11 / 08 / 2013

Transaction ID : 36613340

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ► **802.00**

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 80
	<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 Brett Alan Monson
Full Name (Last, First, Middle Initial)

Mailing Address 1011 Michael Dr

City Papillion State NE Zip Code 68046-6135

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
11 / 08 / 2013
Transaction ID : 36613343

Amount of Each Receipt this Period
400.00

B. Dr Richard Powell
Full Name (Last, First, Middle Initial)

Mailing Address 820 MANCHESTER CIR

City LINCOLN State NE Zip Code 68528-1043

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
11 / 08 / 2013
Transaction ID : 36613350

Amount of Each Receipt this Period
100.00

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

Mailing Address 2521 Whitaker Rd

City Nebraska City State NE Zip Code 68410-1025

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
11 / 08 / 2013
Transaction ID : 36614905

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional).....▶	620.00
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 16 OF 80
	<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 Mark 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 ▼ 300.00

Date of Receipt
11 / 08 / 2013
Transaction ID : 36614908

Amount of Each Receipt this Period
100.00

B. Dr Ellen L Weiss
Full Name (Last, First, Middle Initial)

Mailing Address 13603 Pflug Rd

City Springfield State NE Zip Code 68059-4838

FEC ID number of 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
11 / 08 / 2013
Transaction ID : 36614913

Amount of Each Receipt this Period
400.00

C. 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
11 / 08 / 2013
Transaction ID : 36614916

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: (check only one)	PAGE 17 OF 80
	<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 Steven S Wolfe
Full Name (Last, First, Middle Initial)

Mailing Address 15324 Weber St

City Bennington	State NE	Zip Code 68007-1407
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2013

Transaction ID : 36614917

Amount of Each Receipt this Period
400.00

B. Dr Darren J Wright
Full Name (Last, First, Middle Initial)

Mailing Address 1702 M St

City Auburn	State NE	Zip Code 68305-2146
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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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2013

Transaction ID : 36614918

Amount of Each Receipt this Period
100.00

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

Mailing Address 2312 Cromwell Dr

City Saint Maries	State ID	Zip Code 83861-1373
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2013

Transaction ID : 36614919

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 18 OF 80
	<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 Pierce
Full Name (Last, First, Middle Initial)

Mailing Address 1558 Oakley Ave

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 08 / 2013
Transaction ID : 36614920

Amount of Each Receipt this Period 300.00

B. 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 11 / 08 / 2013
Transaction ID : 36614921

Amount of Each Receipt this Period 300.00

C. Dr Monya D Elgart
Full Name (Last, First, Middle Initial)

Mailing Address 1156 Boston Post Rd

City Old Saybrook State CT Zip Code 06475-4405

FEC ID number of 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 11 / 08 / 2013
Transaction ID : 36614922

Amount of Each Receipt this Period 250.00

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 80
	<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 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 ▼ 550.00

Date of Receipt
11 / 08 / 2013
Transaction ID : 36614923
Amount of Each Receipt this Period
250.00

B. Dr Marsha Beach
Full Name (Last, First, Middle Initial)
Mailing Address 652 CLOVERGLEN DR
City GRAND JCT State CO Zip Code 81504-5114
FEC ID number of 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
11 / 15 / 2013
Transaction ID : 36616250
Amount of Each Receipt this Period
50.00

C. Dr Martin 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 ▼ 1200.00

Date of Receipt
11 / 15 / 2013
Transaction ID : 36616251
Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
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 80
	<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 Hertneky
Full Name (Last, First, Middle Initial)
Mailing Address 16862 County Road 28

City Brush	State CO	Zip Code 80723-9424
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2013

Transaction ID : 36624987

Amount of Each Receipt this Period
50.00

B. Dr N. Gregory Richardson
Full Name (Last, First, Middle Initial)
Mailing Address 1440 Eastridge Dr

City Pocatello	State ID	Zip Code 83201-3103
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2013

Transaction ID : 36624992

Amount of Each Receipt this Period
30.00

C. Dr Jason R Kolodziejczyk
Full Name (Last, First, Middle Initial)
Mailing Address 1023 Buckand

City Fremont	State OH	Zip Code 43420-2805
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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
11	/	17	/	2013

Transaction ID : 36635763

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	205.00
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 21 OF 80
	<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 Sally Ann Hartenstein
Full Name (Last, First, Middle Initial)

Mailing Address 3 TAYLOR RIVER RD

City HAMPTON FALLS State NH Zip Code 03844-2012

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 17 / 2013**

Transaction ID : 36635764

Amount of Each Receipt this Period **200.00**

B. 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 ▼ **486.00**

Date of Receipt **11 / 17 / 2013**

Transaction ID : 36635766

Amount of Each Receipt this Period **45.00**

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

Mailing Address 16 Pambrook Dr

City Fishersville State VA Zip Code 22939-2123

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.14**

Date of Receipt **11 / 17 / 2013**

Transaction ID : 36635767

Amount of Each Receipt this Period **41.67**

SUBTOTAL of Receipts This Page (optional)..... **106.67**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 80
	(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 Daniel J Kosterman
Full Name (Last, First, Middle Initial)

Mailing Address 16420 Carla St

City Eagle River	State AK	Zip Code 99577-7618
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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 ▼ **935.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2013

Transaction ID : 36635768

Amount of Each Receipt this Period

85.00

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

Mailing Address Po Box 1669

City Kenai	State AK	Zip Code 99611-1669
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2013

Transaction ID : 36635769

Amount of Each Receipt this Period

85.00

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

Mailing Address 1199 E Morgan St

City Boonville	State MO	Zip Code 65233-1336
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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 ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2013

Transaction ID : 36635770

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶	220.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 80
	<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 Freddie M Mayes		Date of Receipt M M / D D / Y Y Y Y Y 11 / 17 / 2013 Transaction ID : 36635771
Mailing Address 117 Magnolia Dr		Amount of Each Receipt this Period 50.00
City Central City	State KY	Zip Code 42330-1727
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Dr Larry C Wallis		Date of Receipt M M / D D / Y Y Y Y Y 11 / 17 / 2013 Transaction ID : 36635772
Mailing Address 20 Kentshire Ct		Amount of Each Receipt this Period 40.00
City Greenville	State DE	Zip Code 19807-2583
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

Full Name (Last, First, Middle Initial) C. Dr Thomas Annunziato		Date of Receipt M M / D D / Y Y Y Y Y 11 / 18 / 2013 Transaction ID : 36642080
Mailing Address 11700 Northview Dr		Amount of Each Receipt this Period 83.33
City Aledo	State TX	Zip Code 76008-5223
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.30	

SUBTOTAL of Receipts This Page (optional).....▶	173.33
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: (check only one)	PAGE 24 OF 80
	<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 Nancy 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 **220.00**

Date of Receipt **11 / 19 / 2013**
Transaction ID : 36643665
Amount of Each Receipt this Period **200.00**

B. Dr Susan Brunnett
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 **1833.37**

Date of Receipt **11 / 19 / 2013**
Transaction ID : 36643666
Amount of Each Receipt this Period **166.67**

C. Dr Kevin Alexander
Full Name (Last, First, Middle Initial)
Mailing Address 2116 Wildwood Ct
City Fullerton State CA Zip Code 92831-1339
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 20 / 2013**
Transaction ID : 36646696
Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **236.67**
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 25 OF 80
	<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 Kathleen Goff
Full Name (Last, First, Middle Initial)

Mailing Address 114 CRESTED PEAK CT

City SANTA TERESA State NM Zip Code 88008-9423

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt **11 / 20 / 2013**

Transaction ID : 36646697

Amount of Each Receipt this Period **83.34**

B. Dr Douglas Arthur 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 ▼ **240.00**

Date of Receipt **11 / 20 / 2013**

Transaction ID : 36646698

Amount of Each Receipt this Period **30.00**

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

Mailing Address 57 Pebblebrook Ct

City Bloomington State IL Zip Code 61705-6300

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **11 / 20 / 2013**

Transaction ID : 36646699

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **213.34**

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 26 OF 80
	<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 Lynn Smith Hammonds			Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2013 Transaction ID : 36646700
Mailing Address 2725 Smyer Rd			Amount of Each Receipt this Period 166.67
City Vestavia	State AL	Zip Code 35216-1026	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.69		

Full Name (Last, First, Middle Initial) B. Dr Mark Mentzer			Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2013 Transaction ID : 36646701
Mailing Address 2200 Blairsferry Xing			Amount of Each Receipt this Period 30.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. Dr Jonathan Toso			Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2013 Transaction ID : 36646702
Mailing Address 1101 Angel Ln			Amount of Each Receipt this Period 25.00
City Canton	State SD	Zip Code 57013-2634	
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 ▼ 275.00		

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: (check only one)	PAGE 27 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Lynn 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 Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 20 / 2013**

Transaction ID : 36646703

Amount of Each Receipt this Period **200.00**

B. Dr Marc Robert Bloomenstein
Full Name (Last, First, Middle Initial)

Mailing Address 5101 E CALAVAR RD

City SCOTTSDALE State AZ Zip Code 85254-2869

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **11 / 20 / 2013**

Transaction ID : 36646704

Amount of Each Receipt this Period **100.00**

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

Mailing Address 86 Darlene Dr

City Wakefield State RI Zip Code 02879-8307

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **343.75**

Date of Receipt **11 / 20 / 2013**

Transaction ID : 36646706

Amount of Each Receipt this Period **31.25**

SUBTOTAL of Receipts This Page (optional)..... **151.25**

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 28 OF 80
	<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 Jeffrey Gonnason
Full Name (Last, First, Middle Initial)

Mailing Address 6721 GLOUCESTER PL

City ANCHORAGE State AK Zip Code 99504-3343

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 924.00

Date of Receipt
11 / 20 / 2013
Transaction ID : 36646707

Amount of Each Receipt this Period
84.00

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

Mailing Address 1025 Milwaukee St

City Denver State CO Zip Code 80206-3337

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
11 / 20 / 2013
Transaction ID : 36651579

Amount of Each Receipt this Period
50.00

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

Mailing Address 8720 52nd Street Ct W

City University Place State WA Zip Code 98467-1758

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 924.00

Date of Receipt
11 / 21 / 2013
Transaction ID : 36652180

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 218.00

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 80
	<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 Gustafson
Full Name (Last, First, Middle Initial)

Mailing Address 159 Sunflower St

City Casper State WY Zip Code 82604-3805

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt **11 / 21 / 2013**

Transaction ID : 36652181

Amount of Each Receipt this Period **35.00**

B. Dr Viktoria Davis
Full Name (Last, First, Middle Initial)

Mailing Address 310 E MAIN ST

City MADELIA State MN Zip Code 56062-1735

FEC ID number of 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 **11 / 21 / 2013**

Transaction ID : 36652182

Amount of Each Receipt this Period **250.00**

c. Dr Randolph 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 ▼ **1800.00**

Date of Receipt **11 / 21 / 2013**

Transaction ID : 36652184

Amount of Each Receipt this Period **200.00**

SUBTOTAL of Receipts This Page (optional)..... **485.00**

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 80
	<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 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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1833.37

Date of Receipt 11 / 21 / 2013
Transaction ID : 36652185

Amount of Each Receipt this Period 166.67

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 ▼ 1833.37

Date of Receipt 11 / 21 / 2013
Transaction ID : 36652186

Amount of Each Receipt this Period 166.67

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

Mailing Address 3332 120th Ave

City Clear Lake State MN Zip Code 55319-9506

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.45

Date of Receipt 11 / 21 / 2013
Transaction ID : 36652187

Amount of Each Receipt this Period 49.59

SUBTOTAL of Receipts This Page (optional)..... ▶ 382.93

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 31 OF 80
	<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 Jan Cooper
Full Name (Last, First, Middle Initial)
Mailing Address 101 Chandler W
City Highland State CA Zip Code 92346-5482
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1166.69**

Date of Receipt **11 / 21 / 2013**
Transaction ID : 36652190
Amount of Each Receipt this Period **166.67**

B. Dr David K Talley
Full Name (Last, First, Middle Initial)
Mailing Address 1698 Brookside Dr
City Germantown State TN Zip Code 38138-2531
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **935.00**

Date of Receipt **11 / 22 / 2013**
Transaction ID : 36652374
Amount of Each Receipt this Period **85.00**

C. Dr Blaine Bird
Full Name (Last, First, Middle Initial)
Mailing Address 2001 E 775 S
City Springville State UT Zip Code 84663-3206
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **334.62**

Date of Receipt **11 / 22 / 2013**
Transaction ID : 36652375
Amount of Each Receipt this Period **30.42**

SUBTOTAL of Receipts This Page (optional)..... **282.09**
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 80
	<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 Scott 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 ▼ **1100.00**

Date of Receipt **11 / 22 / 2013**

Transaction ID : 36652376

Amount of Each Receipt this Period **100.00**

B. Dr Robert Craig Janot
Full Name (Last, First, Middle Initial)

Mailing Address 100 Orchard St

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **458.37**

Date of Receipt **11 / 22 / 2013**

Transaction ID : 36652379

Amount of Each Receipt this Period **41.67**

C. Dr Matthew 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 ▼ **275.00**

Date of Receipt **11 / 22 / 2013**

Transaction ID : 36652380

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 33 OF 80
	<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 Anton Hodge

Mailing Address 3042 118th Ave

City Allegan State MI Zip Code 49010-9555

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 36657866

Amount of Each Receipt this Period **50.00**

Full Name (Last, First, Middle Initial)
B. DR Barry Barresi

Mailing Address 659 Spyglass Summit Dr

City Chesterfield State MO Zip Code 63017-2142

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1833.37**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 36657868

Amount of Each Receipt this Period **166.67**

Full Name (Last, First, Middle Initial)
C. Dr Ron Benner

Mailing Address 1408 E Maryland Ln

City Laurel State MT Zip Code 59044-2238

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1726.70**

Date of Receipt **11 / 23 / 2013**

Transaction ID : 36657869

Amount of Each Receipt this Period **166.67**

SUBTOTAL of Receipts This Page (optional).....▶	383.34
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 34 OF 80
	<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 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 Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 36657870

Amount of Each Receipt this Period 200.00

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

Mailing Address 679 Plumtree Ln

City Fenton State MI Zip Code 48430-4207

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 36657872

Amount of Each Receipt this Period 100.00

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

Mailing Address 173 Peterkin Hill Rd

City S Woodstock State VT Zip Code 05071-4500

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1837.00

Date of Receipt 11 / 23 / 2013
Transaction ID : 36657874

Amount of Each Receipt this Period 167.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 467.00

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 35 OF 80
	<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 Jacqueline Bowen
Full Name (Last, First, Middle Initial)

Mailing Address 3930 W 19th Street Ln

City State Zip Code
Greeley CO 80634-3446

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 24 / 2013

Transaction ID : 36657879

Amount of Each Receipt this Period
50.00

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

Mailing Address 3587 Buffalo Ave

City State Zip Code
Broomfield CO 80020-9016

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 24 / 2013

Transaction ID : 36657880

Amount of Each Receipt this Period
25.00

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

Mailing Address 12 Garden Dr

City State Zip Code
Colorado Spgs CO 80904-4414

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 24 / 2013

Transaction ID : 36657881

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Lynn Hellerstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 8611 E OTERO PL
 City State Zip Code
 CENTENNIAL CO 80112-3317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 24 / 2013
Transaction ID : 36657882
 Amount of Each Receipt this Period
 50.00

B. Dr Eric J Bohjanen
 Full Name (Last, First, Middle Initial)
 Mailing Address 2145 Academy Cir
 City State Zip Code
 Colorado Spgs CO 80909-1658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 24 / 2013
Transaction ID : 36657883
 Amount of Each Receipt this Period
 25.00

C. Dr Dori Carlson
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 Briggs Ave N
 City State Zip Code
 Park River ND 58270-4507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1833.37

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 24 / 2013
Transaction ID : 36657886
 Amount of Each Receipt this Period
 166.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 80
	<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 Schroeder
Full Name (Last, First, Middle Initial)

Mailing Address 616 12Th St Sw

City Le Mars State IA Zip Code 51031-2265

FEC ID number of 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 **11 / 24 / 2013**

Transaction ID : 36657888

Amount of Each Receipt this Period **300.00**

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

Mailing Address 4550 Simpson Highway 28 W

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **990.00**

Date of Receipt **11 / 24 / 2013**

Transaction ID : 36657891

Amount of Each Receipt this Period **90.00**

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

Mailing Address 206 Fox Farm Rd

City Lewistown State MT Zip Code 59457-8696

FEC ID number of 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 **11 / 24 / 2013**

Transaction ID : 36657892

Amount of Each Receipt this Period **100.00**

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 80
	<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 Ashley Mc Ferron		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2013 Transaction ID : 36657954
Mailing Address 5079 W Sunset Dr		Amount of Each Receipt this Period 41.67
City Lake Oswego	State OR	Zip Code 97035-4253
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Doctor of Optometry
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 958.37	

Full Name (Last, First, Middle Initial) B. Dr Charles Atwell		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2013 Transaction ID : 36657955
Mailing Address 238 Chasse Cir		Amount of Each Receipt this Period 42.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	

Full Name (Last, First, Middle Initial) C. Dr Rustin Hatch		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2013 Transaction ID : 36657956
Mailing Address 1425 EVERGREEN DR		Amount of Each Receipt this Period 53.33
City TWIN FALLS	State ID	Zip Code 83301-3423
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Doctor of Optometry
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 586.63	

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 39 OF 80
	<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 John Bowen
Full Name (Last, First, Middle Initial)

Mailing Address 2570 Northshore Blvd Ste 200

City Flower Mound	State TX	Zip Code 75028-8386
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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 ▼ **924.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	25	/	2013

Transaction ID : 36657957

Amount of Each Receipt this Period

84.00

B. Dr Stacie Layne Virden
Full Name (Last, First, Middle Initial)

Mailing Address 4324 Green Point Dr

City Waco	State TX	Zip Code 76710-1406
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼ **1000.01**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	25	/	2013

Transaction ID : 36657958

Amount of Each Receipt this Period

90.91

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

Mailing Address 8 Century Ln

City Newmanstown	State PA	Zip Code 17073-8982
---------------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	25	/	2013

Transaction ID : 36657959

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶	224.91
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 80
	<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 Frederick Darin
Full Name (Last, First, Middle Initial)

Mailing Address 405 TIRRELL RD

City CHARLOTTE	State MI	Zip Code 48813-2131
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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 ▼ **916.63**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2013

Transaction ID : 36657960

Amount of Each Receipt this Period

83.33

B. Dr Mamie Cassandra Chan
Full Name (Last, First, Middle Initial)

Mailing Address 13713 Vic Rd NE

City Albuquerque	State NM	Zip Code 87112-6602
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2013

Transaction ID : 36657961

Amount of Each Receipt this Period

50.00

C. Dr Mark R Lee
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 184

City Blue Diamond	State NV	Zip Code 89004-0184
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2013

Transaction ID : 36657962

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional).....▶	163.33
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: (check only one)	PAGE 41 OF 80
	<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 Christopher Colburn		Date of Receipt
Mailing Address 30 Winchester Rd		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City Lakewood	State NY	Zip Code 14750-1734
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 36657963
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Doctor of Optometry		<input type="text" value="83.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="916.74"/>	

Full Name (Last, First, Middle Initial) B. Dr Gerald Neidigh Jr		Date of Receipt
Mailing Address 3030 Middlewood Rd		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City Midlothian	State VA	Zip Code 23113-2167
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 36657965
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Doctor of Optometry		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="750.00"/>	

Full Name (Last, First, Middle Initial) C. Dr Markus Barth		Date of Receipt
Mailing Address 1346 HELLER DR		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City YARDLEY	State PA	Zip Code 19067-2714
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 36657967
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Doctor of Optometry		<input type="text" value="41.67"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="416.70"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="375.01"/>
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 42 OF 80
	<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 D. 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 ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2013
Transaction ID : 36657968
 Amount of Each Receipt this Period
 85.00

B. Dr Greg 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 Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2013
Transaction ID : 36657970
 Amount of Each Receipt this Period
 166.67

C. Dr John Coble
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 SUNSET HILL DR
 City ROCKWALL State TX Zip Code 75087-3216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2013
Transaction ID : 36657971
 Amount of Each Receipt this Period
 83.35

SUBTOTAL of Receipts This Page (optional).....▶	335.02
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 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr David S Cook
Full Name (Last, First, Middle Initial)

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 / D D / Y Y Y Y Y Y
11 / 25 / 2013
Transaction ID : 36657973

Amount of Each Receipt this Period
250.00

B. Dr Joe Ernest Ellis
Full Name (Last, First, Middle Initial)

Mailing Address 179 Wood Trce

City State Zip Code
Benton KY 42025-9400

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 ▼
1666.70

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 25 / 2013
Transaction ID : 36657975

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 State Zip Code
Dalton Gardens ID 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 ▼
310.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 25 / 2013
Transaction ID : 36657976

Amount of Each Receipt this Period
310.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 222.67

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 44 OF 80
	<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 M M / D D / Y Y Y Y Y 11 / 25 / 2013 Transaction ID : 36657977
Mailing Address 7728 Mid Cities Blvd		Amount of Each Receipt this Period 90.91
City N Richlnd Hls	State TX	Zip Code 76180-4621
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.01	

Full Name (Last, First, Middle Initial) B. Dr James C Gardner		Date of Receipt M M / D D / Y Y Y Y Y 11 / 12 / 2013 Transaction ID : 36658828
Mailing Address 3637 Forest Home Rd		Amount of Each Receipt this Period 400.00
City Greenville	State AL	Zip Code 36037-6821
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dr Sara Chiu		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2013 Transaction ID : 36660042
Mailing Address 780 MEDITERRANEAN LN		Amount of Each Receipt this Period 365.00
City REDWOOD CITY	State CA	Zip Code 94065-1759
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).....▶	855.91
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 45 OF 80
(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 Boccuzzi
 Full Name (Last, First, Middle Initial)
 Mailing Address 689 Mansfield City Rd
 City Storrs Mansfield State CT Zip Code 06268-2728
 FEC ID number of 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
 11 / 25 / 2013
Transaction ID : 36660043
 Amount of Each Receipt this Period
 250.00

B. Dr Douglas J Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address Po Box 988
 City Brookings State OR Zip Code 97415-0021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 26 / 2013
Transaction ID : 36660288
 Amount of Each Receipt this Period
 25.00

C. Dr Audie M Teague Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Friar Tuck Ln
 City Prescott State AR Zip Code 71857-2608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 26 / 2013
Transaction ID : 36660289
 Amount of Each Receipt this Period
 84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 359.00
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 80
(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 Duane Mohon
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 Memorial Dr
 City State Zip Code
 Piedmont AL 36272-6632
 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
 11 / 26 / 2013
Transaction ID : 36660293
 Amount of Each Receipt this Period
 200.00

B. Dr Mark Turner Wells
 Full Name (Last, First, Middle Initial)
 Mailing Address 2523 Starlight Ct
 City State Zip Code
 Cheyenne WY 82009-9747
 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
 11 / 26 / 2013
Transaction ID : 36660324
 Amount of Each Receipt this Period
 250.00

C. Dr C. Thomas Crooks III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1229 Highland Lakes Trl
 City State Zip Code
 Birmingham AL 35242-6886
 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
 11 / 27 / 2013
Transaction ID : 36663157
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
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 80
	<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 Maryjane Healey
Full Name (Last, First, Middle Initial)

Mailing Address 6710 124Th Pl 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 ▼ 2200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 27 / 2013
Transaction ID : 36663158

Amount of Each Receipt this Period
200.00

B. Dr Keith Darren Chow
Full Name (Last, First, Middle Initial)

Mailing Address 1436 Newfoundland Dr

City Sunnyvale State CA Zip Code 94087-4239

FEC ID number of 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
11 / 26 / 2013
Transaction ID : 36663169

Amount of Each Receipt this Period
500.00

C. Dr Joshua Mc Adams
Full Name (Last, First, Middle Initial)

Mailing Address 1487 Rainbow View Dr

City Lakeside State AZ Zip Code 85929

FEC ID number of 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
11 / 26 / 2013
Transaction ID : 36663171

Amount of Each Receipt this Period
240.00

SUBTOTAL of Receipts This Page (optional).....▶	940.00
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 48 OF 80
	<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 Sherri Egashira
Full Name (Last, First, Middle Initial)

Mailing Address 16091 AGATEWOOD RD NE

City	State	Zip Code
BAINBRIDGE IS	WA	98110-1062

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 ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2013

Transaction ID : 36663172

Amount of Each Receipt this Period

250.00

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

Mailing Address 6500 Hirabayashi Dr

City	State	Zip Code
San Jose	CA	95120-4500

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
11	/	26	/	2013

Transaction ID : 36663173

Amount of Each Receipt this Period

500.00

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

Mailing Address 6500 Hirabayashi Dr

City	State	Zip Code
San Jose	CA	95120-4500

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
11	/	26	/	2013

Transaction ID : 36663174

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 49 OF 80
<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 David Duane Mohon		Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2013 Transaction ID : 36663175
Mailing Address 801 Memorial Dr		Amount of Each Receipt this Period 400.00
City Piedmont	State AL	Zip Code 36272-6632
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 ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Dr Jeanette Jezick		Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2013 Transaction ID : 36663182
Mailing Address 4 Lynch Rd		Amount of Each Receipt this Period 250.00
City Lebanon	State CT	Zip Code 06249-2712
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr Victor A Richardson		Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2013 Transaction ID : 36663184
Mailing Address 230 Farmington Ave		Amount of Each Receipt this Period 100.00
City Farmington	State CT	Zip Code 06032-1916
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 ▼ 465.00	

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 50 OF 80
	<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 Karin Meng
Full Name (Last, First, Middle Initial)

Mailing Address 12555 La Cresta Dr

City Los Altos Hills State CA Zip Code 94022-2510

FEC ID number of 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 11 / 26 / 2013
Transaction ID : 36663186

Amount of Each Receipt this Period 1000.00

B. Dr Rodney Fair
Full Name (Last, First, Middle Initial)

Mailing Address 1169 CONEFLOWER WAY

City BRIGHTON State CO Zip Code 80601-6785

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 466.68

Date of Receipt 11 / 28 / 2013
Transaction ID : 36663362

Amount of Each Receipt this Period 41.67

C. Dr J. Gregory Ford
Full Name (Last, First, Middle Initial)

Mailing Address 1623 Hillsboro Ave SE

City Grand Rapids State MI Zip Code 49546-9786

FEC ID number of 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 11 / 28 / 2013
Transaction ID : 36663363

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional).....▶ 1066.67

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 51 OF 80
	<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 Shannon Franklin
 Full Name (Last, First, Middle Initial)
 Mailing Address 427 Cranberry Ln
 City Crozet State VA Zip Code 22932-3160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **388.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2013
Transaction ID : 36663364
 Amount of Each Receipt this Period
55.56

B. Dr Geoffrey Goodfellow
 Full Name (Last, First, Middle Initial)
 Mailing Address 260 Aspen Dr
 City Beecher State IL Zip Code 60401-5123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2013
Transaction ID : 36663365
 Amount of Each Receipt this Period
41.67

C. 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 **1666.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2013
Transaction ID : 36663367
 Amount of Each Receipt this Period
166.67

SUBTOTAL of Receipts This Page (optional).....	263.90
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 52 OF 80
<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 Steven Arthur 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
11 / 28 / 2013
Transaction ID : 36663368

Amount of Each Receipt this Period
200.00

B. 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 ▼ 500.00

Date of Receipt
11 / 28 / 2013
Transaction ID : 36663369

Amount of Each Receipt this Period
50.00

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 ▼ 2000.00

Date of Receipt
11 / 28 / 2013
Transaction ID : 36663370

Amount of Each Receipt this Period
125.20

SUBTOTAL of Receipts This Page (optional).....▶	375.20
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 80
	<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 Dawn Marie Miller
Full Name (Last, First, Middle Initial)

Mailing Address 3004 E Lake Hill Dr

City Orange State CA Zip Code 92867-1910

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **11 / 28 / 2013**

Transaction ID : 36663372

Amount of Each Receipt this Period **250.00**

B. 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 ▼ **1836.34**

Date of Receipt **11 / 28 / 2013**

Transaction ID : 36663373

Amount of Each Receipt this Period **166.94**

C. Dr Clarke Newman
Full Name (Last, First, Middle Initial)

Mailing Address 3311 Throckmorton St. Apt A4

City Dallas State TX Zip Code 75219-3663

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt **11 / 28 / 2013**

Transaction ID : 36663374

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....▶	441.94
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 80
	<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 Curtis 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 ▼ 1169.00

Date of Receipt 11 / 28 / 2013
Transaction ID : 36663375

Amount of Each Receipt this Period 167.00

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

Mailing Address 4889 Bobo Pl

City Olive Branch State MS Zip Code 38654-8223

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt 11 / 28 / 2013
Transaction ID : 36663376

Amount of Each Receipt this Period 41.67

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 ▼ 450.00

Date of Receipt 11 / 28 / 2013
Transaction ID : 36663377

Amount of Each Receipt this Period 45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 253.67

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 55 OF 80
	<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 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 ▼ **3636.00**

Date of Receipt **11 / 28 / 2013**

Transaction ID : 36663378

Amount of Each Receipt this Period **454.50**

B. 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 ▼ **1671.07**

Date of Receipt **11 / 28 / 2013**

Transaction ID : 36663379

Amount of Each Receipt this Period **164.51**

C. Dr Jennifer M. Smi Zolman
Full Name (Last, First, Middle Initial)

Mailing Address 141 Sea Cotton Cir

City Charleston State SC Zip Code 29412-8296

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt **11 / 28 / 2013**

Transaction ID : 36663380

Amount of Each Receipt this Period **41.67**

SUBTOTAL of Receipts This Page (optional)..... **660.68**

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 56 OF 80
	<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 Jared Walker
Full Name (Last, First, Middle Initial)

Mailing Address 609 Diamond Dr

City State Zip Code
Kimberly ID 83341-1938

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
11 / 28 / 2013
Transaction ID : 36663381

Amount of Each Receipt this Period
30.00

B. Dr Todd Hamilton
Full Name (Last, First, Middle Initial)

Mailing Address 278 Falmouth Rd

City State Zip Code
Windham ME 04062-4815

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 ▼
224.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 28 / 2013
Transaction ID : 36663382

Amount of Each Receipt this Period
32.00

C. Dr Blaine A Littlefield
Full Name (Last, First, Middle Initial)

Mailing Address 27 Wilderness Dr

City State Zip Code
Freeport ME 04032-5824

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 ▼
231.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 28 / 2013
Transaction ID : 36663383

Amount of Each Receipt this Period
33.00

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: (check only one)	PAGE 57 OF 80
	<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 Hilaire Pressley
Full Name (Last, First, Middle Initial)

Mailing Address 8635 W Sahara Ave

City Las Vegas State NV Zip Code 89117-5858

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **11 / 28 / 2013**

Transaction ID : 36663384

Amount of Each Receipt this Period **50.00**

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

Mailing Address 795 Foxhill Cir

City Hollister State CA Zip Code 95023-9747

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **458.37**

Date of Receipt **11 / 28 / 2013**

Transaction ID : 36663385

Amount of Each Receipt this Period **41.67**

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

Mailing Address 9119 Highway 6 Ste 200

City Missouri City State TX Zip Code 77459-4876

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1818.74**

Date of Receipt **11 / 28 / 2013**

Transaction ID : 36663386

Amount of Each Receipt this Period **181.88**

SUBTOTAL of Receipts This Page (optional)..... **273.55**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 80
<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 Deborah Bernay
Full Name (Last, First, Middle Initial)

Mailing Address 1702 RUSTIC OAK LN

City SEABROOK State TX Zip Code 77586-4556

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
11 / 28 / 2013
Transaction ID : 36663387

Amount of Each Receipt this Period
1200.00

B. Dr James H Moser Jr
Full Name (Last, First, Middle Initial)

Mailing Address 8250 Quail Hollow Dr

City Texarkana State TX Zip Code 75503-9652

FEC ID number of 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
11 / 28 / 2013
Transaction ID : 36663388

Amount of Each Receipt this Period
250.00

C. 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 ▼ 600.00

Date of Receipt
11 / 28 / 2013
Transaction ID : 36663389

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....▶	520.00
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 59 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Kristofer K Thornton
 Full Name (Last, First, Middle Initial)
 Mailing Address 2023 Cumberland Dr
 City Longview State TX Zip Code 75601-3412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2013
Transaction ID : 36663390
 Amount of Each Receipt this Period
 50.00

B. Dr Ronald Danner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 W Victory Way Ste 110
 City Craig State CO Zip Code 81625-2954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2013
Transaction ID : 36663392
 Amount of Each Receipt this Period
 33.75

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 ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2013
Transaction ID : 36663393
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	108.75
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 60 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1704 Skyline Rd

City Laramie State WY Zip Code 82070-8932

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1833.37

Date of Receipt
11 / 28 / 2013
Transaction ID : 36663394

Amount of Each Receipt this Period
166.67

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

Mailing Address 789 N Broad St

City Galesburg State IL Zip Code 61401-2766

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1925.00

Date of Receipt
11 / 28 / 2013
Transaction ID : 36663395

Amount of Each Receipt this Period
175.00

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

Mailing Address 6546 JACAL CT NW

City ALBUQUERQUE State NM Zip Code 87114-6120

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
916.74

Date of Receipt
11 / 28 / 2013
Transaction ID : 36663396

Amount of Each Receipt this Period
83.34

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 80
	<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 Diana Gilbert
Full Name (Last, First, Middle Initial)

Mailing Address 8629 N Pavillion

City West Chester State OH Zip Code 45069-4885

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 28 / 2013
Transaction ID : 36663397

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 ▼ 1833.37

Date of Receipt 11 / 28 / 2013
Transaction ID : 36663398

Amount of Each Receipt this Period 166.67

C. Dr Daniel 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 ▼ 220.00

Date of Receipt 11 / 28 / 2013
Transaction ID : 36663399

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 62 OF 80
	<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 W Bohac
Full Name (Last, First, Middle Initial)

Mailing Address 5775 Wyncliff Rd

City N Charleston State SC Zip Code 29418-5220

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **366.74**

Date of Receipt **11 / 28 / 2013**

Transaction ID : 36663400

Amount of Each Receipt this Period **33.34**

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

Mailing Address 809 N 49th Ct

City Yakima State WA Zip Code 98908-2517

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 ▼ **590.00**

Date of Receipt **11 / 28 / 2013**

Transaction ID : 36663401

Amount of Each Receipt this Period **30.00**

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

Mailing Address 970 Patrician Ct

City Fairview State TX Zip Code 75069-8781

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **11 / 28 / 2013**

Transaction ID : 36663403

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **163.34**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 80
	<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 Mira Swiecicki		Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2013 Transaction ID : 36663404
Mailing Address 664 Clark Rd		Amount of Each Receipt this Period 162.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1842.22	

Full Name (Last, First, Middle Initial) B. Dr Paul Zerbinopoulos		Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2013 Transaction ID : 36663405
Mailing Address 22 Carrie Ln		Amount of Each Receipt this Period 30.42
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 334.62	

Full Name (Last, First, Middle Initial) C. Dr Derek Louie		Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2013 Transaction ID : 36663406
Mailing Address 5079 W Sunset Dr		Amount of Each Receipt this Period 42.00
City Lake Oswego	State OR	Zip Code 97035-4253
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	

SUBTOTAL of Receipts This Page (optional).....▶	234.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Steven Leon Haleo
Full Name (Last, First, Middle Initial)

Mailing Address 458 Cranborne Chase

City Fort Mill State SC Zip Code 29708-7922

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **334.62**

Date of Receipt **11 / 28 / 2013**

Transaction ID : 36663408

Amount of Each Receipt this Period **30.42**

B. Dr Denis Robert Holmes
Full Name (Last, First, Middle Initial)

Mailing Address 1313 Old Samish Rd

City Bellingham State WA Zip Code 98229-8505

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 28 / 2013**

Transaction ID : 36663409

Amount of Each Receipt this Period **20.00**

C. Dr Lanny Duclos JR
Full Name (Last, First, Middle Initial)

Mailing Address 3795 SUN VALLEY DR

City GRANTSVILLE State UT Zip Code 84029-8512

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **11 / 28 / 2013**

Transaction ID : 36663410

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **100.42**

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 65 OF 80
	(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 Craig C Hyre
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 3075

City Elkins State WV Zip Code 26241-6075

FEC ID number of 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 **11 / 28 / 2013**

Transaction ID : 36663411

Amount of Each Receipt this Period **30.00**

B. Dr Angela D Irvin
Full Name (Last, First, Middle Initial)

Mailing Address 686 Fines Cir

City Sulligent State AL Zip Code 35586-4026

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **243.36**

Date of Receipt **11 / 28 / 2013**

Transaction ID : 36663412

Amount of Each Receipt this Period **30.42**

c. Dr Larry E Tope
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 252

City Paulding State OH Zip Code 45879-0252

FEC ID number of 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 **11 / 28 / 2013**

Transaction ID : 36663413

Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional)..... **90.42**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 80
	<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 Trevor 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 ▼ 1135.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 28 / 2013
Transaction ID : 36663414
Amount of Each Receipt this Period
167.00

B. Dr Richard Edlow
Full Name (Last, First, Middle Initial)
Mailing Address 8913 GRIFFIN WAY
City BALTIMORE State MD Zip Code 21208-1424
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed
Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 917.40

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 28 / 2013
Transaction ID : 36663417
Amount of Each Receipt this Period
82.64

C. Dr David Frazee
Full Name (Last, First, Middle Initial)
Mailing Address 4962 Shoreline Dr
City Frisco State TX Zip Code 75034-4058
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed
Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 28 / 2013
Transaction ID : 36663418
Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	449.64
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 80
	<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 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 ▼
1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 28 / 2013
Transaction ID : 36663420

Amount of Each Receipt this Period
200.00

B. Dr Harvey B Richman FAAO
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 ▼
458.37

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 28 / 2013
Transaction ID : 36663422

Amount of Each Receipt this Period
41.67

C. Dr Alan Joseph Mathieu
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 132

City State Zip Code
RAYMOND ME 04071-0132

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 ▼
224.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 28 / 2013
Transaction ID : 36663424

Amount of Each Receipt this Period
32.00

SUBTOTAL of Receipts This Page (optional).....▶	273.67
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 68 OF 80
	<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 Vincent Brandys JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 1728 Wildberry Dr Unit F
 City State Zip Code
 Glenview IL 60025-1748
 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 ▼
 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2013
Transaction ID : 36663425
 Amount of Each Receipt this Period
 35.00

B. Dr Michelle A Broderick
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Broad Sound Ln
 City State Zip Code
 Freeport ME 04032-6297
 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 ▼
 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2013
Transaction ID : 36663426
 Amount of Each Receipt this Period
 32.00

C. Dr Michael Bennett
 Full Name (Last, First, Middle Initial)
 Mailing Address 4940 Victoria Pl
 City State Zip Code
 Guthrie OK 73044-8668
 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 ▼
 1666.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : 36663440
 Amount of Each Receipt this Period
 166.67

SUBTOTAL of Receipts This Page (optional).....▶	233.67
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 69 OF 80
	<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 Jack Sol Mermelstein
Full Name (Last, First, Middle Initial)

Mailing Address 38-63 DAURIA DR

City FAIR LAWN State NJ Zip Code 07410-5104

FEC ID number of 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 **11 / 30 / 2013**

Transaction ID : 36663446

Amount of Each Receipt this Period **25.00**

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

Mailing Address 269 Walton St

City Englewood State NJ Zip Code 07631-5016

FEC ID number of 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 **11 / 30 / 2013**

Transaction ID : 36663447

Amount of Each Receipt this Period **25.00**

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

Mailing Address 5465 BALDWIN RD

City SWARTZ CREEK State MI Zip Code 48473-9153

FEC ID number of 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 **11 / 22 / 2013**

Transaction ID : 36664126

Amount of Each Receipt this Period **240.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **290.00**

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 70 OF 80
	<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 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 ▼
1399.75

Date of Receipt
11 / 25 / 2013

Transaction ID : 36664138

Amount of Each Receipt this Period
127.25

B. Dr Jeffrey R Urness
Full Name (Last, First, Middle Initial)

Mailing Address 6400 W 20Th Ave

City Kennewick State WA Zip Code 99338-1510

FEC ID number of 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
11 / 29 / 2013

Transaction ID : 36664160

Amount of Each Receipt this Period
365.00

c. Dr Jenny O Cheung
Full Name (Last, First, Middle Initial)

Mailing Address 2087 32Nd Ave

City San Francisco State CA Zip Code 94116-1124

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
11 / 29 / 2013

Transaction ID : 36664161

Amount of Each Receipt this Period
240.00

SUBTOTAL of Receipts This Page (optional).....▶	732.25
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 OF 80
(check only one)

<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 Eric Orava

Mailing Address 641 41St St

City State Zip Code
Brooklyn NY 11232-3138

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
11 / 29 / 2013
Transaction ID : 36664166

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Dr Dorothy Hitchmoth

Mailing Address PO Box 302

City State Zip Code
New London NH 03257-0302

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 ▼
880.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 29 / 2013
Transaction ID : 36664167

Amount of Each Receipt this Period
88.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	188.00
TOTAL This Period (last page this line number only).....▶	28945.01

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

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

FOR LINE NUMBER: PAGE 72 OF 80
(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. Bank of America
 Mailing Address PO Box 790251
 City State Zip Code
 St. Louis MO 63179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 241.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : 36668773
 Amount of Each Receipt this Period
 22.35
 Bank Interest

Full Name (Last, First, Middle Initial)
B.
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	22.35
TOTAL This Period (last page this line number only).....▶	22.35

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. WellsFargo

Mailing Address 1650 Tyson Blvd.

City McLean State VA Zip Code 22102

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 36664455

Amount of Each Disbursement this Period

Bank Fees

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
American Express Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 36668765

Amount of Each Disbursement this Period

American Express Fees

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Visa/Master Card Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 36668767

Amount of Each Disbursement this Period

Visa/Master Card Fees

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Bank Fees

001
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2013

Transaction ID : 36668770

Amount of Each Disbursement this Period

889.82

Bank Fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

889.82

2240.83

**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. Cory Booker For Senate

Mailing Address PO Box 32237

City Newark State NJ Zip Code 07102

Purpose of Disbursement
Candidate Contribution

011

Candidate Name
Cory Booker

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2013			

Transaction ID : 36588175

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. LOBO PAC

Mailing Address P.O. Box 492

City Albuquerque State NM Zip Code 87103

Purpose of Disbursement
Committee Contribution

011

Candidate Name
LOBO PAC

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
11			05			2013			

Transaction ID : 36588257

Amount of Each Disbursement this Period

2500.00

Committee Contribution

Full Name (Last, First, Middle Initial)

C. Mark Pryor For Us Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
Candidate Contribution

011

Candidate Name
Sen. Mark L. Pryor

Category/
Type

Office Sought: House
 Senate
 President
State: AR District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2013			

Transaction ID : 36588288

Amount of Each Disbursement this Period

4000.00

Candidate Contribution

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

11500.00

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. Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Rick Larsen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2013			

Transaction ID : 36588289

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Luke Messer For Congress

Mailing Address P.O. 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: 2014
 Primary General
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2013			

Transaction ID : 36588290

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Shaheen For Senate Committee

Mailing Address 2 1/2 Beacon Street

City Concord State NH Zip Code 03301

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Jeanne Shaheen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

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

Transaction ID : 36603960

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

5000.00

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. Ribble For Congress

Mailing Address PO Box 7200

City Appleton State WI Zip Code 54912

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Reid J. Ribble

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 08

Date of Disbursement

MM / DD / YYYY
11 / 11 / 2013

Transaction ID : 36608580

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Buckeye Liberty PAC

Mailing Address 701 8th Street NW
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Buckeye Liberty PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 11 / 2013

Transaction ID : 36608584

Amount of Each Disbursement this Period

1000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

C. Tom Rice For Congress

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

City Myrtle Beach State SC Zip Code 29577

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Tom Rice

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District: 07

Date of Disbursement

MM / DD / YYYY
11 / 11 / 2013

Transaction ID : 36608590

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

3500.00

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 Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Joseph J. Heck

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 36608592

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Renee Ellmers RN

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 36608593

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. New Pioneers PAC

Mailing Address 228 S Washington St
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Committee Contribution

011

Candidate Name

New Pioneers PAC

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
11			11			2013			

Transaction ID : 36608594

Amount of Each Disbursement this Period

2000.00

Committee Contribution

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

5000.00

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. Matsui For Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Doris Matsui

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2013

Transaction ID : 36613142

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Valadao For Congress

Mailing Address 504 Van Ness

City Fresno State CA Zip Code 93721

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. David G. Valadao

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 21

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2013

Transaction ID : 36643685

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Lee Terry For Congress

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Lee Terry

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2013

Transaction ID : 36643711

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. LOBO PAC

Mailing Address P.O. Box 492

City Albuquerque State NM Zip Code 87103

Purpose of Disbursement
Committee Contribution

011

Category/
Type

Candidate Name
LOBO PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 36644254

Amount of Each Disbursement this Period

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

Committee Contribution

Full Name (Last, First, Middle Initial)

B. Collins For Congress

Mailing Address PO Box 1295

City Gainesville State GA Zip Code 30503

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Douglas Collins

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 09

Date of Disbursement

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

Transaction ID : 36644256

Amount of Each Disbursement this Period

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

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Lynn Jenkins For Congress

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Rep. Lynn Jenkins

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

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

Transaction ID : 36658059

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)..... ▶

3	3	5	0	.	0	0
---	---	---	---	---	---	---