

**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="2016"/>		474007.69
(b) Cash on Hand at Beginning of Reporting Period.....	403960.27	
(c) Total Receipts (from Line 19)	75765.30	287624.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	479725.57	761632.00
7. Total Disbursements (from Line 31).....	34804.09	316710.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	444921.48	444921.48
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	59287.52	190581.06
(ii) Unitemized	16440.69	96941.29
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	75728.21	287522.35
(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)	75728.21	287522.35
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	37.09	101.96
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))..... ▶	75765.30	287624.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	75765.30	287624.31

DETAILED SUMMARY PAGE
of Disbursements

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	3304.09	61960.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3304.09	61960.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31500.00	254500.00
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	250.00
(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	250.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	34804.09	316710.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34804.09	316710.52

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)	75728.21	287522.35
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	75728.21	287272.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3304.09	61960.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3304.09	61960.52

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

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

FOR LINE NUMBER: PAGE 6 OF 74
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Paul C Ajamian
Full Name (Last, First, Middle Initial)
Mailing Address 245 Shadowbrook Dr.
City Roswell State GA Zip Code 30075-4600
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Employed Doctor of Optometry
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
888.89

Date of Receipt
MM / DD / YYYY
04 / 01 / 2016
Transaction ID : 39318033
Amount of Each Receipt this Period
138.89
 Memo Item

B. Dr. Matthew E Esperon
Full Name (Last, First, Middle Initial)
Mailing Address 392 Kinderkamack Rd
City Hillsdale State NJ Zip Code 07642-1643
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Employed Doctor of Optometry
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2016
Transaction ID : 39318035
Amount of Each Receipt this Period
100.00
 Memo Item

C. Kimberly Jones
Full Name (Last, First, Middle Initial)
Mailing Address 14450 NE 29th Place Ste. 115
City Bellevue State WA Zip Code 98007-3697
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Optometric Physicians of Washington Executive Director
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
204.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2016
Transaction ID : 39318039
Amount of Each Receipt this Period
51.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **289.89**
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 74
(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. Rebecca H Wartman
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 Lambeth Walk
 City State Zip Code
 Fairview NC 28730-7721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016
Transaction ID : 39318097
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Dr. Gregory A Caldwell
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Terrace Dr
 City State Zip Code
 Lilly PA 15938-5819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.01

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016
Transaction ID : 39318213
 Amount of Each Receipt this Period
 166.67
 Memo Item

C. Dr. Jeffrey J Neighbors
 Full Name (Last, First, Middle Initial)
 Mailing Address 1420 255th St
 City State Zip Code
 Eagle Grove IA 50533-8110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016
Transaction ID : 39318958
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 766.67
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 8 OF 74
(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. 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 Occupation
 Self Employed Doctor of Optometry, MPH
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 428.58

Date of Receipt
 04 / 02 / 2016
Transaction ID : 39319084
 Amount of Each Receipt this Period
 71.43
 Memo Item

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 Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 214.28

Date of Receipt
 04 / 02 / 2016
Transaction ID : 39319085
 Amount of Each Receipt this Period
 35.72
 Memo Item

C. Dr. Paul H Cook JR
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2700
 City Frisco State CO Zip Code 80443-2700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 04 / 02 / 2016
Transaction ID : 39319089
 Amount of Each Receipt this Period
 120.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 227.15
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 9 OF 74
(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

A. Dr. Dan Hock
Full Name (Last, First, Middle Initial)
Mailing Address 600 Eagle Nest Trl
City Evergreen State CO Zip Code 80439-4242
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Employed Doctor of Optometry
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
320.00

Date of Receipt
04 / 02 / 2016
Transaction ID : 39319090
Amount of Each Receipt this Period
80.00
 Memo Item

B. Dr. Lynn A 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 Occupation
Self Employed Doctor of Optometry
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
666.68

Date of Receipt
04 / 03 / 2016
Transaction ID : 39319095
Amount of Each Receipt this Period
166.67
 Memo Item

C. Dr. Timothy J La Freniere
Full Name (Last, First, Middle Initial)
Mailing Address 12715 Gordon Blvd Apt 113
City Woodbridge State VA Zip Code 22192-2652
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
04 / 03 / 2016
Transaction ID : 39319108
Amount of Each Receipt this Period
500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 746.67
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 11 OF 74
(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

A. Dr. Heather L Trapheagen
Full Name (Last, First, Middle Initial)
Mailing Address 1722 SE 2nd St
City Cape Coral State FL Zip Code 33990-5303
FEC ID number of 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 04 / 05 / 2016
Transaction ID : 39331888
Amount of Each Receipt this Period 100.00
 Memo Item

B. Dr. Donald W Furman
Full Name (Last, First, Middle Initial)
Mailing Address 2101 310th Street
City Forest City State IA Zip Code 50436-8029
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.32

Date of Receipt 04 / 05 / 2016
Transaction ID : 39331891
Amount of Each Receipt this Period 83.33
 Memo Item

C. Ms Renee Brauns
Full Name (Last, First, Middle Initial)
Mailing Address 12792 Bennington Common Lane
City Saint Louis State MO Zip Code 63146-2562
FEC ID number of contributing federal political committee. **C**
Name of Employer American Optometric Association Occupation Associate Executive Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 04 / 06 / 2016
Transaction ID : 39332938
Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 683.33
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 12 OF 74
(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

A. Dr. Mark D Esarey
Full Name (Last, First, Middle Initial)
Mailing Address 1680 State Highway 130
City Charleston State IL Zip Code 61920-6752
FEC ID number of contributing federal political committee. **C**
Name of Employer 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
04 / 06 / 2016
Transaction ID : 39332939
Amount of Each Receipt this Period
125.00
 Memo Item

B. Dr. Elizabeth Anderson Steele
Full Name (Last, First, Middle Initial)
Mailing Address 5812 Carrington Lake Pkwy
City Trussville State AL Zip Code 35173-2890
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Employed Doctor of Optometry
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2016
Transaction ID : 39332943
Amount of Each Receipt this Period
100.00
 Memo Item

c. Dr. Gregory S Wolfe
Full Name (Last, First, Middle Initial)
Mailing Address 21 Mina Ave Apt 207
City Memphis State TN Zip Code 38103-6411
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
04 / 06 / 2016
Transaction ID : 39337837
Amount of Each Receipt this Period
250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 475.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 13 OF 74
(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. Hilaire A Pressley

Mailing Address 4596 Treto Ave

City Las Vegas State NV Zip Code 89141-4283

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **04 / 07 / 2016**

Transaction ID : 39346994

Amount of Each Receipt this Period **85.00**

Memo Item

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

Mailing Address 9710 Copper Dr

City Anchorage State AK Zip Code 99507-1226

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **04 / 07 / 2016**

Transaction ID : 39346995

Amount of Each Receipt this Period **85.00**

Memo Item

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

Mailing Address 311 LYNCROFT RD

City NEW ROCHELLE State NY Zip Code 10804-4122

FEC ID number of 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 **04 / 07 / 2016**

Transaction ID : 39347007

Amount of Each Receipt this Period **250.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **420.00**

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 14 OF 74
	<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. Stanley Woo
Full Name (Last, First, Middle Initial)

Mailing Address 5190 Via Carretas

City Yorba Linda State CA Zip Code 92886-4554

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

Name of Employer Self Employed Occupation Doctor of Optometry, MBA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 08 / 2016**

Transaction ID : 39347530

Amount of Each Receipt this Period **250.00**

Memo Item

B. Dr. Jeri Ann Schneebeck
Full Name (Last, First, Middle Initial)

Mailing Address 10036 E Pinewood Dr

City Parker State CO Zip Code 80138-7804

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **04 / 08 / 2016**

Transaction ID : 39347531

Amount of Each Receipt this Period **200.00**

Memo Item

C. Dr. Zachary B Steele
Full Name (Last, First, Middle Initial)

Mailing Address 5812 Carrington Lake Pkwy

City Trussville State AL Zip Code 35173-2890

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt **04 / 08 / 2016**

Transaction ID : 39347532

Amount of Each Receipt this Period **160.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	610.00
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 15 OF 74
(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. James E Deom

Mailing Address 448 E County Rd

City State Zip Code
Drums PA 18222-1618

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
04 / 08 / 2016

Transaction ID : 39347534

Amount of Each Receipt this Period
200.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Dr. Jill Geering Matheson

Mailing Address 1603 Beach Dr

City State Zip Code
Douglas AK 99824-5200

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
04 / 08 / 2016

Transaction ID : 39347541

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Dr. Suzette Marie Place

Mailing Address 1525 Utah St

City State Zip Code
Golden CO 80401-2742

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
04 / 07 / 2016

Transaction ID : 39347550

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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 16 OF 74
(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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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. Grant W Jones
Full Name (Last, First, Middle Initial)
Mailing Address 2117 Grandview Dr.
City Torrington State WY Zip Code 82240-2638
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Employed Doctor of Optometry
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 07 / 2016
Transaction ID : 39347885
Amount of Each Receipt this Period
365.00
 Memo Item

B. Dr. Lynda L Jones
Full Name (Last, First, Middle Initial)
Mailing Address 2117 Grandview Dr.
City Torrington State WY Zip Code 82240-2638
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Employed Doctor of Optometry
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 07 / 2016
Transaction ID : 39347886
Amount of Each Receipt this Period
1000.00
 Memo Item

C. Dr. Eric K Botts
Full Name (Last, First, Middle Initial)
Mailing Address 1338 Woodland Trl
City Macomb State IL Zip Code 61455-3507
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Employed Doctor of Optometry
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 09 / 2016
Transaction ID : 39348591
Amount of Each Receipt this Period
250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1615.00
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 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Dr. John D Coble
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 Sunset Hill Dr
 City State Zip Code
 Rockwall TX 75087-3216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 666.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2016
Transaction ID : 39348594
 Amount of Each Receipt this Period
 166.67
 Memo Item

B. Dr. Jacqueline M 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 ▼
 545.46

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016
Transaction ID : 39348611
 Amount of Each Receipt this Period
 181.82
 Memo Item

C. Dr. Tyler A Lee
 Full Name (Last, First, Middle Initial)
 Mailing Address 219 Island Dr
 City State Zip Code
 Doniphan NE 68832-1714
 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 ▼
 20.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2016
Transaction ID : 39348805
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	368.49
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 74
	<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. Tyler A Lee
Full Name (Last, First, Middle Initial)

Mailing Address 219 Island Dr

City Doniphan State NE Zip Code 68832-1714

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **40.00**

Date of Receipt **04 / 01 / 2016**

Transaction ID : 39348806

Amount of Each Receipt this Period **20.00**

Memo Item

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

Mailing Address 219 Island Dr

City Doniphan State NE Zip Code 68832-1714

FEC ID number of 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 **04 / 01 / 2016**

Transaction ID : 39348807

Amount of Each Receipt this Period **180.00**

Memo Item

C. Dr. Bruce F Breckenridge
Full Name (Last, First, Middle Initial)

Mailing Address 16921 SE Stoneybrook Ct

City Clackamas State OR Zip Code 97015-6701

FEC ID number of 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 **04 / 11 / 2016**

Transaction ID : 39348958

Amount of Each Receipt this Period **60.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	260.00
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 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Dr. Robert M Theaker
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Wyndemere Vale
 City Monterey State CA Zip Code 93940-5811
 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
 04 / 11 / 2016
Transaction ID : 39351073
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Dr. Karen M Heaston Helms
 Full Name (Last, First, Middle Initial)
 Mailing Address 5103 Santa Fe Ln
 City Pasco State WA Zip Code 99301-8248
 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
 04 / 11 / 2016
Transaction ID : 39351074
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Dr. Barbara L Horn
 Full Name (Last, First, Middle Initial)
 Mailing Address 61269 Coralburst Dr
 City Washington State MI Zip Code 48094-1746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 661.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2016
Transaction ID : 39351347
 Amount of Each Receipt this Period
 165.29
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1165.29
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 74
	<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. Mr. Jonathan F Hymes
Full Name (Last, First, Middle Initial)

Mailing Address 1505 Prince St

City Alexandria State VA Zip Code 22314-2852

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

Name of Employer American Optometric Association Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **666.68**

Date of Receipt **04 / 12 / 2016**

Transaction ID : 39351350

Amount of Each Receipt this Period **166.67**

Memo Item

B. Dr. Jason C Clopton
Full Name (Last, First, Middle Initial)

Mailing Address 959 River Bend Dr.

City Cookeville State TN Zip Code 38506-5973

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

Name of Employer Self Employed Occupation Doctor of Optometry,FCOVD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt **04 / 12 / 2016**

Transaction ID : 39351353

Amount of Each Receipt this Period **83.34**

Memo Item

C. Dr. Christopher W Wroten
Full Name (Last, First, Middle Initial)

Mailing Address 25833 Royal Birkdale Dr

City Denham Spgs State LA Zip Code 70726-6479

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **04 / 12 / 2016**

Transaction ID : 39351355

Amount of Each Receipt this Period **85.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **335.01**

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

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

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

FOR LINE NUMBER: PAGE 21 OF 74
(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. James R Hale

Mailing Address 2616 SW Brooklane Dr

City State Zip Code
Corvallis OR 97333-1500

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
04 / 12 / 2016
Transaction ID : 39351359

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 5714 Oxbow Bnd

City State Zip Code
Madison WI 53716-2472

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
MM / DD / YYYY
04 / 12 / 2016
Transaction ID : 39352073

Amount of Each Receipt this Period
400.00

Memo Item

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

Mailing Address 4962 Shoreline Dr

City State Zip Code
Frisco TX 75034-4058

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
04 / 13 / 2016
Transaction ID : 39352080

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2600.00

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

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

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

FOR LINE NUMBER: PAGE 22 OF 74
(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

A. Dr. D. Cory Rath
Full Name (Last, First, Middle Initial)
Mailing Address 10748 Sprucedale Ave
City Las Vegas State NV Zip Code 89144-4401
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 04 / 13 / 2016
Transaction ID : 39352084
Amount of Each Receipt this Period 100.00
 Memo Item

B. 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 400.00

Date of Receipt 04 / 13 / 2016
Transaction ID : 39352085
Amount of Each Receipt this Period 100.00
 Memo Item

C. Dr. Timothy A Stafford
Full Name (Last, First, Middle Initial)
Mailing Address 1012 Julius Richardson Rd
City Irmo State SC Zip Code 29063-9740
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 04 / 14 / 2016
Transaction ID : 39355406
Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
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 74
	<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. Michelle Wika Chaney

Full Name (Last, First, Middle Initial)
Mailing Address 3614 Coneflower Dr

City Fort Collins	State CO	Zip Code 80521-7542
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
830.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2016
Transaction ID : 39355407

Amount of Each Receipt this Period
 45.00

Memo Item

B. Dr. Jeffrey C Anderson

Full Name (Last, First, Middle Initial)
Mailing Address 205 Story St

City Boone	State IA	Zip Code 50036-4242
---------------	-------------	------------------------

FEC ID number of 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
 04 / 14 / 2016
Transaction ID : 39355408

Amount of Each Receipt this Period
 250.00

Memo Item

C. Dr. Callie L Enyart

Full Name (Last, First, Middle Initial)
Mailing Address 700 Glenway St

City Madison	State WI	Zip Code 53711-1722
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2016
Transaction ID : 39355410

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	545.00
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 24 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4001 Fox Meadow Way

City Prospect State KY Zip Code 40059-9115

FEC ID number of 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 04 / 15 / 2016
Transaction ID : 39357645

Amount of Each Receipt this Period 250.00

Memo Item

B. Dr. Craig S Rock
Full Name (Last, First, Middle Initial)

Mailing Address 913 N Woodlawn Ave

City Lake City State IA Zip Code 51449-1261

FEC ID number of 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 04 / 15 / 2016
Transaction ID : 39357646

Amount of Each Receipt this Period 365.00

Memo Item

C. Dr. Douglas Curtis Clark
Full Name (Last, First, Middle Initial)

Mailing Address 2530 Woodfern Cir

City Birmingham State AL Zip Code 35244-6405

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 04 / 15 / 2016
Transaction ID : 39360008

Amount of Each Receipt this Period 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1615.00

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 25 OF 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Jeffrey Scot Hackleman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1190 Southwind Dr
 City Bishop State GA Zip Code 30621-1366
 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
 04 / 15 / 2016
Transaction ID : 39360538
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Dr. Trevor J Cleveland
 Full Name (Last, First, Middle Initial)
 Mailing Address 3726 Robbie St
 City Eugene State OR Zip Code 97404-1996
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 586.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2016
Transaction ID : 39360601
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Dr. Margaret M Read
 Full Name (Last, First, Middle Initial)
 Mailing Address 5484 Midship Ct
 City Burke State VA Zip Code 22015-1932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2016
Transaction ID : 39360604
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	419.00
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 26 OF 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. H. Lindsay Wright
 Full Name (Last, First, Middle Initial)
 Mailing Address 798 Trail Ridge Dr
 City Louisville State CO Zip Code 80027-3113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Armed Forces Optometric Society Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.36

Date of Receipt 04 / 16 / 2016
Transaction ID : 39360610
 Amount of Each Receipt this Period 83.34
 Memo Item

B. Dr. Sue E 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 666.68

Date of Receipt 04 / 16 / 2016
Transaction ID : 39360613
 Amount of Each Receipt this Period 166.67
 Memo Item

C. Dr. Gary James Avallone
 Full Name (Last, First, Middle Initial)
 Mailing Address 144 Fox Run
 City West Monroe State LA Zip Code 71291-8137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 666.68

Date of Receipt 04 / 16 / 2016
Transaction ID : 39360614
 Amount of Each Receipt this Period 166.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	416.68
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: PAGE 27 OF 74
(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. Timothy D Rioux
 Full Name (Last, First, Middle Initial)
 Mailing Address 147 Pleasant St
 City State Zip Code
 Fort Kent ME 04743-1502
 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
 04 / 16 / 2016
Transaction ID : 39360617
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Dr. Dawn S Chivers
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Warren St
 City State Zip Code
 Saratoga Springs NY 12866-2521
 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
 04 / 16 / 2016
Transaction ID : 39360650
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Dr. Michele R Haranin
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Concord Rd
 City State Zip Code
 Dover DE 19904-9100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2016
Transaction ID : 39360668
 Amount of Each Receipt this Period
 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 575.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 28 OF 74
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Ian M Jones
Full Name (Last, First, Middle Initial)
Mailing Address 32 Deer Hill Ln
City Hampden State ME Zip Code 04444-3400
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 04 / 17 / 2016
Transaction ID : 39360671
Amount of Each Receipt this Period 100.00
 Memo Item

B. Dr. William R Burges
Full Name (Last, First, Middle Initial)
Mailing Address 405 Paris St
City Castroville State TX Zip Code 78009-4511
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 392.74

Date of Receipt 04 / 17 / 2016
Transaction ID : 39360672
Amount of Each Receipt this Period 100.91
 Memo Item

C. Dr. Brian J Plattner
Full Name (Last, First, Middle Initial)
Mailing Address 917 S Market St
City Knoxville State IL Zip Code 61448-1299
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 340.00

Date of Receipt 04 / 17 / 2016
Transaction ID : 39360674
Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 285.91
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 29 OF 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 8886 N Awl Rd

City State Zip Code
 Parker CO 80138-6840

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
 04 / 18 / 2016
Transaction ID : 39360707

Amount of Each Receipt this Period
 100.00

Memo Item

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

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 ▼
 666.68

Date of Receipt
 04 / 18 / 2016
Transaction ID : 39360708

Amount of Each Receipt this Period
 166.67

Memo Item

Full Name (Last, First, Middle Initial)
C. Dr. Scott M Walters

Mailing Address 1025 NW Regent Dr

City State Zip Code
 Grants Pass OR 97526-3383

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
 04 / 18 / 2016
Transaction ID : 39360710

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 516.67

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 30 OF 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Kathleen Elaine 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 Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016
Transaction ID : 39360712
 Amount of Each Receipt this Period
 83.34
 Memo Item

B. Dr. Randy L Hertneky
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 S Ivy St
 City Yuma State CO Zip Code 80759-2313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016
Transaction ID : 39360731
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Dr. Thomas Allen Dunn
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 712
 City Troy State AL Zip Code 36081-0712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016
Transaction ID : 39360748
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1083.34
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 31 OF 74
(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. Brian W Wadman
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Meadow Ln
 City Greenfield State MA Zip Code 01301-9764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 500.00

Date of Receipt 04 / 18 / 2016
Transaction ID : 39360953
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Dr. Michelle Levin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1039 Creekford Drive
 City Weston State FL Zip Code 33326-2859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 04 / 18 / 2016
Transaction ID : 39360959
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Dr. Karon Klem Nowakowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 2411 N County Road 500 W
 City Muncie State IN Zip Code 47304-9528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 04 / 18 / 2016
Transaction ID : 39360967
 Amount of Each Receipt this Period 250.00
 Memo Item

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 32 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Michael K Smith
Full Name (Last, First, Middle Initial)

Mailing Address 1239 Goggin Ln

City Danville State KY Zip Code 40422-9366

FEC ID number of 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 04 / 18 / 2016
Transaction ID : 39360986

Amount of Each Receipt this Period 250.00

Memo Item

B. Dr. Viola Kanevsky
Full Name (Last, First, Middle Initial)

Mailing Address 119 W 71st St

City New York State NY Zip Code 10023-3876

FEC ID number of 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 04 / 18 / 2016
Transaction ID : 39360999

Amount of Each Receipt this Period 250.00

Memo Item

C. Dr. Peter Jeffery Shoji
Full Name (Last, First, Middle Initial)

Mailing Address 1910 Puu Nanea Pl

City Honolulu State HI Zip Code 96822-1776

FEC ID number of 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 04 / 18 / 2016
Transaction ID : 39361085

Amount of Each Receipt this Period 500.00

Memo Item

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 34 OF 74
	<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. Larry D Sumner
Full Name (Last, First, Middle Initial)

Mailing Address 8116 E Harvard Cir

City State Zip Code
Denver CO 80231-7619

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 14 / 2016
Transaction ID : 39361195

Amount of Each Receipt this Period
1500.00

Memo Item

B. Dr. Tricia Marie Brenner
Full Name (Last, First, Middle Initial)

Mailing Address 9688 E Maplewood Cir

City State Zip Code
Greenwood Vlg CO 80111-7016

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
04 / 14 / 2016
Transaction ID : 39361196

Amount of Each Receipt this Period
250.00

Memo Item

C. Dr. Nicholas A Radetzky
Full Name (Last, First, Middle Initial)

Mailing Address 88 Piermont Rd

City State Zip Code
Norwood NJ 07648-2318

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
04 / 14 / 2016
Transaction ID : 39361197

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 74
	<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. Stacey Wengler Bowling
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 Whitetail Dr
 City Walnut Shade State MO Zip Code 65771-8127
 FEC ID number of 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 **04 / 11 / 2016**
Transaction ID : 39361212
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Dr. Lynn Smith Hammonds
 Full Name (Last, First, Middle Initial)
 Mailing Address 2725 Smyer Rd
 City Vestavia State AL Zip Code 35216-1026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 666.68

Date of Receipt **04 / 20 / 2016**
Transaction ID : 39379027
 Amount of Each Receipt this Period **166.67**
 Memo Item

C. Dr. Paul Bryan Stauder
 Full Name (Last, First, Middle Initial)
 Mailing Address 1765 County Road 725 N
 City Fairfield State IL Zip Code 62837-4324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 228.00

Date of Receipt **04 / 20 / 2016**
Transaction ID : 39379033
 Amount of Each Receipt this Period **39.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	455.67
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 36 OF 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Scott M Lauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1103 Greenmont Cir
 City Vienna State WV Zip Code 26105-3299
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2016
Transaction ID : 39379036
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Dr. Steven A Loomis
 Full Name (Last, First, Middle Initial)
 Mailing Address 6436 Spotted Fawn Run
 City Littleton State CO Zip Code 80125-9055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 Y
 04 / 20 / 2016
Transaction ID : 39381869
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Dr. Derek J Louie
 Full Name (Last, First, Middle Initial)
 Mailing Address 19302 Riverwood Lane
 City Lake Oswego State OR Zip Code 97035-1318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 410.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2016
Transaction ID : 39383267
 Amount of Each Receipt this Period
 73.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	523.67
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 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Randolph E Brooks
Full Name (Last, First, Middle Initial)

Mailing Address 3 Schindler Dr

City Succasunna State NJ Zip Code 07876-1183

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **04 / 21 / 2016**

Transaction ID : 39383268

Amount of Each Receipt this Period **200.00**

Memo Item

B. Dr. Martha Morrow
Full Name (Last, First, Middle Initial)

Mailing Address 1895 Highway 28

City Red Bay State AL Zip Code 35582-3447

FEC ID number of 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 **04 / 21 / 2016**

Transaction ID : 39383374

Amount of Each Receipt this Period **2000.00**

Memo Item

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

Mailing Address 14 Bittersweet Dr

City Alexandria State KY Zip Code 41001-1300

FEC ID number of 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 **04 / 22 / 2016**

Transaction ID : 39385613

Amount of Each Receipt this Period **500.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2700.00
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 74
	<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. Amanda A Wood
Full Name (Last, First, Middle Initial)

Mailing Address 12170 J Ave

City Iowa Falls State IA Zip Code 50126-8808

FEC ID number of 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 04 / 22 / 2016
Transaction ID : 39385617

Amount of Each Receipt this Period 250.00

Memo Item

B. 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 ▼ 300.00

Date of Receipt 04 / 22 / 2016
Transaction ID : 39385619

Amount of Each Receipt this Period 75.00

Memo Item

C. 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 ▼ 340.00

Date of Receipt 04 / 22 / 2016
Transaction ID : 39385620

Amount of Each Receipt this Period 85.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 410.00

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

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

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

FOR LINE NUMBER: PAGE 39 OF 74
(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. James W Wadley

Mailing Address 1349 Canterbury Dr

City Abilene State TX Zip Code 79602-4260

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
04 / 22 / 2016

Transaction ID : 39385621

Amount of Each Receipt this Period
170.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Dr. Sarah K Ito

Mailing Address 1940 Marino Ter

City San Marino State CA Zip Code 91108-1628

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 07 / 2016

Transaction ID : 39385722

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Dr. Donovan L Crouch

Mailing Address 701 Winthrop Cir

City Storm Lake State IA Zip Code 50588-2747

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
04 / 22 / 2016

Transaction ID : 39385956

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **820.00**

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 40 OF 74
	<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. Donald T 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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2016

Transaction ID : 39385988

Amount of Each Receipt this Period
250.00

Memo Item

B. Dr. Rebecca St Jean
Full Name (Last, First, Middle Initial)

Mailing Address 9 Carriage Rd

City Charleston State WV Zip Code 25314-2158

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2016

Transaction ID : 39385990

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 3116 E Meadowbrook Ave

City Phoenix State AZ Zip Code 85016-5060

FEC ID number of 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
MM / DD / YYYY
04 / 22 / 2016

Transaction ID : 39385994

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
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 41 OF 74
	<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. Richard W Phillips
Full Name (Last, First, Middle Initial)

Mailing Address 105 BeechBrook Court

City Unicoi State TN Zip Code 37692-6441

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
04 / 23 / 2016
Transaction ID : 39386670

Amount of Each Receipt this Period
125.00

Memo Item

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

Mailing Address 2812 Ridge Ave N

City Tifton State GA Zip Code 31794-1327

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.68

Date of Receipt
04 / 23 / 2016
Transaction ID : 39386677

Amount of Each Receipt this Period
166.67

Memo Item

C. Dr. Stacey J Meier
Full Name (Last, First, Middle Initial)

Mailing Address 604 E Yearling Rd

City Phoenix State AZ Zip Code 85085-1817

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
04 / 24 / 2016
Transaction ID : 39386686

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2291.67
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 42 OF 74
(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. Todd R Smith

Mailing Address 441 E Hale St

City State Zip Code
Mesa AZ 85203-3687

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 24 / 2016
Transaction ID : 39386689

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Dr. Lincoln Joseph Daynes

Mailing Address 2737 Brewer Dr

City State Zip Code
Sierra Vista AZ 85650-6901

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 24 / 2016
Transaction ID : 39386691

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Dr. Deanna Swafford Alexander

Mailing Address 4127 Cedargate Dr

City State Zip Code
Fort Collins CO 80526-3386

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
04 / 24 / 2016
Transaction ID : 39386695

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2150.00

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 43 OF 74
(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

A. Dr. Douglas Curtis Clark
Full Name (Last, First, Middle Initial)
Mailing Address 2530 Woodfern Cir
City Birmingham State AL Zip Code 35244-6405
FEC ID number of contributing federal political committee. C
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1400.00

Date of Receipt 04 / 24 / 2016
Transaction ID : 39386696
Amount of Each Receipt this Period 100.00
 Memo Item

B. Dr. Dori M Carlson
Full Name (Last, First, Middle Initial)
Mailing Address PO Box O
City Park River State ND Zip Code 58270-0714
FEC ID number of contributing federal political committee. C
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 666.68

Date of Receipt 04 / 24 / 2016
Transaction ID : 39386700
Amount of Each Receipt this Period 166.67
 Memo Item

C. Dr. Rebecca A Dobbins
Full Name (Last, First, Middle Initial)
Mailing Address 301 W 11th St
City Coffeyville State KS Zip Code 67337-5904
FEC ID number of 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 04 / 24 / 2016
Transaction ID : 39386705
Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 391.67
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 74
	<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. April L Jasper
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2375

City West Palm Bch State FL Zip Code 33402-2375

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 24 / 2016**

Transaction ID : 39386708

Amount of Each Receipt this Period **100.00**

Memo Item

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

Mailing Address 16225 Quemada Rd

City Encino State CA Zip Code 91436-3620

FEC ID number of 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 **04 / 25 / 2016**

Transaction ID : 39386716

Amount of Each Receipt this Period **500.00**

Memo Item

C. Dr. Ashley K McFerron
Full Name (Last, First, Middle Initial)

Mailing Address 19302 Riverwood Ln

City Lake Oswego State OR Zip Code 97035-1318

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 25 / 2016**

Transaction ID : 39386719

Amount of Each Receipt this Period **250.00**

Memo Item

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 45 OF 74
	<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 A 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 336.00

Date of Receipt 04 / 25 / 2016
Transaction ID : 39386725
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Dr. Brandon L. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 2660 Allen St
 City Salina State KS Zip Code 67401-7626
 FEC ID number of 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 04 / 25 / 2016
Transaction ID : 39386726
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Dr. Steven K Brownmiller
 Full Name (Last, First, Middle Initial)
 Mailing Address 1004 Ridge Rd
 City Denison State IA Zip Code 51442-1124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 04 / 25 / 2016
Transaction ID : 39386728
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	459.00
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 46 OF 74
	<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. Frederick P. Darin
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 Tirrell Rd
 City State Zip Code
 Charlotte MI 48813-2131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2016
Transaction ID : 39386729
 Amount of Each Receipt this Period
 83.34
 Memo Item

B. Dr. Ralph Paternoster
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Blackhawk Rd
 City State Zip Code
 Scarsdale NY 10583-7708
 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
 04 / 22 / 2016
Transaction ID : 39386931
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Dr. Brett G Bence
 Full Name (Last, First, Middle Initial)
 Mailing Address 5708 95th PI SW
 City State Zip Code
 Mukilteo WA 98275-3654
 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
 04 / 22 / 2016
Transaction ID : 39386932
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.34
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 47 OF 74
	<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. Ms. Kathi Williams
Full Name (Last, First, Middle Initial)

Mailing Address 15044 Ulster Way

City Thornton State CO Zip Code 80602-7500

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

Name of Employer Colorado Optometric Association Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 22 / 2016
Transaction ID : 39386937

Amount of Each Receipt this Period 500.00

Memo Item

B. Dr. Craig G Hoover
Full Name (Last, First, Middle Initial)

Mailing Address 7343 Covington Home Pl

City Culpeper State VA Zip Code 22701-9708

FEC ID number of 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 04 / 22 / 2016
Transaction ID : 39386948

Amount of Each Receipt this Period 250.00

Memo Item

C. Dr. John D Kiernan
Full Name (Last, First, Middle Initial)

Mailing Address 2241 Seneca Way

City Sioux City State IA Zip Code 51104-1523

FEC ID number of 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 04 / 22 / 2016
Transaction ID : 39386950

Amount of Each Receipt this Period 250.00

Memo Item

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 48 OF 74
	<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. Robert H Sharp
Full Name (Last, First, Middle Initial)

Mailing Address 1008 E 22nd St

City Atlantic State IA Zip Code 50022-2866

FEC ID number of 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 04 / 22 / 2016
Transaction ID : 39386951

Amount of Each Receipt this Period 250.00

Memo Item

B. Dr. Abie R Chadderdon
Full Name (Last, First, Middle Initial)

Mailing Address 2005 Timberline Rd

City Marshalltown State IA Zip Code 50158-3865

FEC ID number of 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 04 / 22 / 2016
Transaction ID : 39386952

Amount of Each Receipt this Period 2000.00

Memo Item

c. Dr. Wing C Hsieh
Full Name (Last, First, Middle Initial)

Mailing Address 4014 Country Club Blvd

City Sioux City State IA Zip Code 51104-1306

FEC ID number of 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 04 / 22 / 2016
Transaction ID : 39386953

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00

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 49 OF 74
(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. Kelly J Norland
 Full Name (Last, First, Middle Initial)
 Mailing Address 25626 Oak Ln
 City Spirit Lake State IA Zip Code 51360-6843
 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
 04 / 22 / 2016
Transaction ID : 39386954
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Dr. James D Sandefur
 Full Name (Last, First, Middle Initial)
 Mailing Address 219 Blue Bush Rd
 City Oakdale State LA Zip Code 71463-4911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2016
Transaction ID : 39386956
 Amount of Each Receipt this Period
 2000.00
 Memo Item

C. Dr. Daniel R Perala
 Full Name (Last, First, Middle Initial)
 Mailing Address 2827 Whitetail Rd
 City Cheyenne State WY Zip Code 82009-1424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2016
Transaction ID : 39386957
 Amount of Each Receipt this Period
 1500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00
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 51 OF 74
(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

A. Dr. Ronald Lee Benner
Full Name (Last, First, Middle Initial)
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 Occupation
Self Employed Doctor of Optometry
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
666.68

Date of Receipt
MM / DD / YYYY
04 / 26 / 2016
Transaction ID : 39393592
Amount of Each Receipt this Period
166.67
 Memo Item

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 Occupation
Self Employed Doctor of Optometry
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
666.68

Date of Receipt
MM / DD / YYYY
04 / 26 / 2016
Transaction ID : 39393594
Amount of Each Receipt this Period
166.67
 Memo Item

C. Dr. Dennis M Brtva
Full Name (Last, First, Middle Initial)
Mailing Address 57 Pebblebrook Ct
City Bloomington State IL Zip Code 61705-6300
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Employed Doctor of Optometry
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
686.38

Date of Receipt
MM / DD / YYYY
04 / 26 / 2016
Transaction ID : 39393596
Amount of Each Receipt this Period
200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **533.34**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 52 OF 74
(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 H Mc Kenzie Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 478 Baker Blvd
 City State Zip Code
 Estill SC 29918-3366
 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
 04 / 26 / 2016
Transaction ID : 39393597
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Dr. Michelle M Mc Kenzie
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 398
 City State Zip Code
 Estill SC 29918-0398
 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
 04 / 26 / 2016
Transaction ID : 39393598
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Dr. B. Scott Fine
 Full Name (Last, First, Middle Initial)
 Mailing Address 170 Heatherstone Ln
 City State Zip Code
 Rochester NY 14618-4866
 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
 04 / 25 / 2016
Transaction ID : 39393629
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 53 OF 74
<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. James Travis Yadon
Full Name (Last, First, Middle Initial)

Mailing Address 2109 Avian Way

City Oklahoma City State OK Zip Code 73170-3436

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 ▼ 250.00

Date of Receipt 04 / 25 / 2016
Transaction ID : 39393630

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address 8400 Concord Rd

City Johnstown State OH Zip Code 43031-8154

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 509.00

Date of Receipt 04 / 25 / 2016
Transaction ID : 39393632

Amount of Each Receipt this Period 127.25

Memo Item

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

Mailing Address 212 Grand Lakes Dr

City Thibodaux State LA Zip Code 70301-1612

FEC ID number of 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 04 / 26 / 2016
Transaction ID : 39394471

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 877.25

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 54 OF 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. MaryJane Healey
 Full Name (Last, First, Middle Initial)
 Mailing Address 6710 124th PI SE
 City Snohomish State WA Zip Code 98296-8649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2016
Transaction ID : 39394626
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Dr. Jeffrey William Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 Northcastle St
 City Longview State TX Zip Code 75604-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 Y
 04 / 27 / 2016
Transaction ID : 39394630
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Dr. David S 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 Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2016
Transaction ID : 39394633
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	384.00
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 55 OF 74
	<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. Stevin Robert Minie
Full Name (Last, First, Middle Initial)

Mailing Address 17601 San Fernando Mission Blvd

City	State	Zip Code
Granada Hills	CA	91344-4038

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

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1340.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	27	/	2016

Transaction ID : 39394635

Amount of Each Receipt this Period

85.00

 Memo Item

B. Dr. Dwight Matthew Burchett
Full Name (Last, First, Middle Initial)

Mailing Address 1231 Parkview Way

City	State	Zip Code
Richmond	KY	40475-3436

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

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	28	/	2016

Transaction ID : 39395604

Amount of Each Receipt this Period

83.34

 Memo Item

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

Mailing Address 4392 Grove Field Court

City	State	Zip Code
Suwanee	GA	30024-6758

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 ▼
321.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	28	/	2016

Transaction ID : 39395606

Amount of Each Receipt this Period

97.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	265.34
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 56 OF 74
(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. Zoey K Loomis
 Full Name (Last, First, Middle Initial)
 Mailing Address 3750 Highway 144
 City Weldona State CO Zip Code 80653-9107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2016
Transaction ID : 39395608
 Amount of Each Receipt this Period
 83.34
 Memo Item

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 Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 666.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2016
Transaction ID : 39395612
 Amount of Each Receipt this Period
 166.67
 Memo Item

C. Dr. Carey A 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 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
 04 / 28 / 2016
Transaction ID : 39395617
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.01
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 57 OF 74
	<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. Rockatonia Batts
Full Name (Last, First, Middle Initial)

Mailing Address 285 Bockman Rd

City Fulton State KY Zip Code 42041-6537

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 28 / 2016
Transaction ID : 39395620

Amount of Each Receipt this Period 200.00

Memo Item

B. Dr. Mira B Swiecicki
Full Name (Last, First, Middle Initial)

Mailing Address 664 Clark Rd

City Bellingham State WA Zip Code 98225-7842

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 668.00

Date of Receipt 04 / 28 / 2016
Transaction ID : 39395621

Amount of Each Receipt this Period 167.00

Memo Item

C. Dr. Richard C 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 ▼ 500.00

Date of Receipt 04 / 28 / 2016
Transaction ID : 39395629

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 617.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 OF 74
	(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. 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 ▼ **667.76**

Date of Receipt **04 / 28 / 2016**

Transaction ID : 39395633

Amount of Each Receipt this Period **166.94**

Memo Item

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

Mailing Address 600 N Pearl St Ste G204

City Dallas State TX Zip Code 75201-7492

FEC ID number of 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 **04 / 28 / 2016**

Transaction ID : 39395634

Amount of Each Receipt this Period **250.00**

Memo Item

C. Dr. Curtis A Ono
Full Name (Last, First, Middle Initial)

Mailing Address 822 W Barrett St

City Seattle State WA Zip Code 98119-1829

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **699.80**

Date of Receipt **04 / 28 / 2016**

Transaction ID : 39395635

Amount of Each Receipt this Period **162.52**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	579.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 74
	<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. Christine W Cook
Full Name (Last, First, Middle Initial)

Mailing Address 511 Shadow Brooke Dr.

City Chesapeake	State VA	Zip Code 23320-3511
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	28	/	2016

Transaction ID : 39395639

Amount of Each Receipt this Period

100.00

 Memo Item

B. Dr. Diane E Reddin
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 66

City Crawford	State CO	Zip Code 81415-0066
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	28	/	2016

Transaction ID : 39395640

Amount of Each Receipt this Period

100.00

 Memo Item

C. Dr. Jan L 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 ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	28	/	2016

Transaction ID : 39395645

Amount of Each Receipt this Period

200.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 60 OF 74
	(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. Chris R Fields
Full Name (Last, First, Middle Initial)

Mailing Address 410 Miracle Mile
Suite 13

City Lebanon State NH Zip Code 03766-2639

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
668.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2016
Transaction ID : 39395646

Amount of Each Receipt this Period
167.00

Memo Item

B. Dr. Benjamin D Crawford
Full Name (Last, First, Middle Initial)

Mailing Address 1840 Kuskokwim St

City Anchorage State AK Zip Code 99508-3230

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 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
04 / 28 / 2016
Transaction ID : 39395647

Amount of Each Receipt this Period
100.00

Memo Item

C. Dr. Ladd M Nolin
Full Name (Last, First, Middle Initial)

Mailing Address 12101 Woodway Cir

City Anchorage State AK Zip Code 99516-2059

FEC ID number of 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
04 / 28 / 2016
Transaction ID : 39395648

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	517.00
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 61 OF 74
	<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. Teresa L Carlson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6607 S Forest Way Unit D
 City Centennial State CO Zip Code 80121-3566
 FEC ID number of 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
 04 / 28 / 2016
Transaction ID : 39395649
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. Dr. Michael Leslie Weeden
 Full Name (Last, First, Middle Initial)
 Mailing Address 3201 Gaines Rd
 City Corinth State MS Zip Code 38834-8422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2016
Transaction ID : 39395650
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Dr. Kevin L 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 ▼ 666.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2016
Transaction ID : 39395667
 Amount of Each Receipt this Period
 166.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	516.67
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 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Dirk Schrotenboer
 Full Name (Last, First, Middle Initial)
 Mailing Address 10729 Deer Ridge Ct
 City Zeeland State MI Zip Code 49464-6830
 FEC ID number of 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 04 / 28 / 2016
Transaction ID : 39395669
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Dr. Jennifer L Deakins
 Full Name (Last, First, Middle Initial)
 Mailing Address 2819 N Fitzhugh Ave Apt 1254
 City Dallas State TX Zip Code 75204-3175
 FEC ID number of 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 04 / 28 / 2016
Transaction ID : 39395670
 Amount of Each Receipt this Period 100.00
 Memo Item

C. 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 ▼ 400.00

Date of Receipt 04 / 28 / 2016
Transaction ID : 39395673
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 63 OF 74
(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. Jennifer L Planitz

Mailing Address 3537 Newcastle Dr SE

City State Zip Code
 Rio Rancho NM 87124-3672

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 ▼
 1666.64

Date of Receipt
 04 / 28 / 2016
Transaction ID : 39395676

Amount of Each Receipt this Period
 416.66

Memo Item

Full Name (Last, First, Middle Initial)
B. Dr. Angela K Darveaux

Mailing Address 938 Aspen Valley Dr

City State Zip Code
 Onalaska WI 54650-8220

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 04 / 28 / 2016
Transaction ID : 39395678

Amount of Each Receipt this Period
 125.00

Memo Item

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

Mailing Address 521 N Soangetaha Rd

City State Zip Code
 Galesburg IL 61401-5588

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 04 / 28 / 2016
Transaction ID : 39395688

Amount of Each Receipt this Period
 175.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 716.66

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 64 OF 74
	<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. Christopher L Eddy
 Full Name (Last, First, Middle Initial)
 Mailing Address 6306 Buchanan St
 City Fort Collins State CO Zip Code 80525-5810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2016
Transaction ID : 39395692
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Dr. Brenden R White
 Full Name (Last, First, Middle Initial)
 Mailing Address 864 E Ranch Cir
 City Draper State UT Zip Code 84020-9011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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
 04 / 28 / 2016
Transaction ID : 39395697
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Dr. Michael R Flandro
 Full Name (Last, First, Middle Initial)
 Mailing Address 4944 Mohawk Pl
 City Pocatello State ID Zip Code 83204-4534
 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
 04 / 26 / 2016
Transaction ID : 39395733
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	684.00
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 65 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Michael C Noble
Full Name (Last, First, Middle Initial)

Mailing Address 5609 W Arlington St

City State Zip Code
Yakima WA 98908-4297

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 ▼
2016.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2016
Transaction ID : 39395734

Amount of Each Receipt this Period
2016.00

Memo Item

B. Dr. Megan A Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address 616 W 2nd St

City State Zip Code
Alta IA 51002-1012

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
04 / 28 / 2016
Transaction ID : 39418499

Amount of Each Receipt this Period
400.00

Memo Item

C. Dr. Craig Donovan Crouch
Full Name (Last, First, Middle Initial)

Mailing Address 100 Grand Ave

City State Zip Code
Storm Lake IA 50588-1607

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
04 / 28 / 2016
Transaction ID : 39418500

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2816.00

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 66 OF 74
	(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. Fred R DeHaan
Full Name (Last, First, Middle Initial)

Mailing Address 3110 Leona Dr

City Storm Lake State IA Zip Code 50588-2751

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 28 / 2016
Transaction ID : 39418501

Amount of Each Receipt this Period
400.00

Memo Item

B. Dr. Katherine F Coffey
Full Name (Last, First, Middle Initial)

Mailing Address 580 Quarry St Unit 15

City Quincy State MA Zip Code 02169-1582

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 28 / 2016
Transaction ID : 39418511

Amount of Each Receipt this Period
250.00

Memo Item

C. Ms Adrienne M. Drollette
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1206

City Wilson State NC Zip Code 27894-1206

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

Name of Employer Occupation The North Carolina State Optometric So Executive Director

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
04 / 30 / 2016
Transaction ID : 39440809

Amount of Each Receipt this Period
500.00

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 67 OF 74
(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

A. Dr. Zachary S McCarty
Full Name (Last, First, Middle Initial)
Mailing Address 6303 Deep Canyon Rd
City Hixson State TN Zip Code 37343-2674
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
04 / 30 / 2016
Transaction ID : 39440815
Amount of Each Receipt this Period
250.00
 Memo Item

B. Dr. Samuel K Hoffmann
Full Name (Last, First, Middle Initial)
Mailing Address 13 Meadow Ln
City Sheridan State WY Zip Code 82801-9700
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Employed Doctor of Optometry
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 29 / 2016
Transaction ID : 39443534
Amount of Each Receipt this Period
365.00
 Memo Item

C.
Full Name (Last, First, Middle Initial)
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 M / D D D / Y Y Y Y Y Y
Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	615.00
TOTAL This Period (last page this line number only).....▶	59287.52

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. WellsFargo

Mailing Address 1650 Tyson Blvd.

City McLean State VA Zip Code 22102

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 39361211

Amount of Each Disbursement this Period

Memo Item
Bank Fees

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Visa/Master Card Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 39445057

Amount of Each Disbursement this Period

Memo Item
Visa/Master Card Fees

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
American Express Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 39445058

Amount of Each Disbursement this Period

Memo Item
American Express 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

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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Bank Fees

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
04		15		2016

Transaction ID : 39445059

Amount of Each Disbursement this Period

154.78

Memo Item
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

--

Memo Item

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

--

Memo Item

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

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

154.78

3304.09

**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. Independent Action, Inc.

Mailing Address 1619 13th Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Committee Contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 39347811

Amount of Each Disbursement this Period

Memo Item
Committee Contribution

Full Name (Last, First, Middle Initial)

B. Republican Party of Wisconsin

Mailing Address 148 E. Johnson Street

City Madison State WI Zip Code 53703

Purpose of Disbursement
Committee Contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 39347814

Amount of Each Disbursement this Period

Memo Item
Committee Contribution

Full Name (Last, First, Middle Initial)

C. Families For James Lankford

Mailing Address PO Box 1639

City Bethany State OK Zip Code 73008

Purpose of Disbursement
Candidate Contribution

Category/
Type

Candidate Name

Sen. James Lankford

Office Sought: House Senate President
State: OK District:

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 39357170

Amount of Each Disbursement this Period

Memo Item
Candidate Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. LANK PAC

Mailing Address PO Box 1639

City Bethany State OK Zip Code 73008

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2016

Transaction ID : 39357172

Amount of Each Disbursement this Period

2500.00

Memo Item
Committee Contribution

Full Name (Last, First, Middle Initial)

B. Bill Shuster For Congress

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. William Franklin Shuster

Office Sought: House Senate President
State: PA District: 09

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2016

Transaction ID : 39357175

Amount of Each Disbursement this Period

1000.00

Memo Item
Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Brett Guthrie

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

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2016

Transaction ID : 39357176

Amount of Each Disbursement this Period

4000.00

Memo Item
Candidate Contribution

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rep. Brett Guthrie

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2016

Transaction ID : 39357177

Amount of Each Disbursement this Period

2500.00

Memo Item
Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Cory PAC, Inc.

Mailing Address 918 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Committee Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2016

Transaction ID : 39357178

Amount of Each Disbursement this Period

5000.00

Memo Item
Committee Contribution

Full Name (Last, First, Middle Initial)

C. Cory Booker For Senate

Mailing Address PO Box 32237

City Newark State NJ Zip Code 07102

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Cory Booker

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NJ District:

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2016

Transaction ID : 39357179

Amount of Each Disbursement this Period

1000.00

Memo Item
Candidate Contribution

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Loudermilk For Congress

Mailing Address PO Box 447

City State Zip Code
Cassville GA 30123

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Barry Loudermilk

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 11

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2016

Transaction ID : 39394186

Amount of Each Disbursement this Period

5000.00

Memo Item
Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Richard Burr Committee; The

Mailing Address Post Office Box 5928

City State Zip Code
Winston-Salem NC 27113

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Sen. Richard M. Burr

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2016

Transaction ID : 39394207

Amount of Each Disbursement this Period

1000.00

Memo Item
Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Hudson For Congress

Mailing Address PO Box 5053

City State Zip Code
Concord NC 28027

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Richard Hudson Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2016

Transaction ID : 39396425

Amount of Each Disbursement this Period

1000.00

Memo Item
Candidate Contribution

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

7000.00

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. Gary Palmer For Congress

Mailing Address 1919 Oxmoor Rd #235

City Homewood State AL Zip Code 35209

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Gary Palmer

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2016

Transaction ID : 39418824

Amount of Each Disbursement this Period

1000.00

Memo Item
Candidate Contribution

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
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Amount of Each Disbursement this Period

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Memo Item

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
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Amount of Each Disbursement this Period

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Memo Item

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

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

1000.00

31500.00
