Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) American Optometric Association Political Action Committee 1505 Prince Street ADDRESS (number and street) Suite 300 (Check if address is changed) Alexandria 22314 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS TMilliorn@aoa.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00024968 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Nguyen, Steven, , , O.D. Type or Print Name of Treasurer Nguyen, Steven, , , O.D. [Electronically Filed] 80 13 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

| FEC <b>F</b>               | orm 1 (Revised 02/2009)  | Page <b>2</b>            |
|----------------------------|--|--------------------------|
|                            | COMMITTEE<br>te Committee:   |                          |
| (a)                        | This committee is a principal campaign committee. (Complete the candidate information below.)  |                          |
| (b)                        | This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)  | plete the candidate      |
| Name of<br>Candidate       |  |                          |
| Candidate<br>Party Affilia | tion Office Sought: House Senate President   | State                    |
| (c)                        | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |                          |
| Name of<br>Candidate       |  |                          |
| Party Co                   | mmittee:  (National, State   | (Democratic,             |
| (d)                        |  | Republican, etc.) Party. |
| Political                  | Action Committee (PAC):  |                          |
| (e) <b>x</b>               | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-  | nected organization is a |
|                            | Corporation Corporation w/o Capital Stock  | Labor Organization       |
|                            | Membership Organization Trade Association  | Cooperative              |
|                            | In addition, this committee is a Lobbyist/Registrant PAC.  |                          |
| (f)                        | This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)   | egregated fund or party  |
|                            | In addition, this committee is a Lobbyist/Registrant PAC.  |                          |
|                            | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |                          |
| Joint Fun                  | draising Representative:   |                          |
| (g)                        | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | vo or more political     |
| (h)                        | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.         | o or more political      |
| Coi                        | nmittees Participating in Joint Fundraiser   |                          |
| 1.                         | FEC ID number  |                          |
| 2.                         | FEC ID number  |                          |
| 3.                         | FEC ID number  |                          |
| 4                          |  |                          |

|    | -                                   |   |                                     |
|----|-------------------------------------|---|-------------------------------------|
| •  | FEC Form 1 (Revised                 | 02/2009)  | Page <b>3</b>                       |
| V  | Vrite or Type Committee Name        |   | -                                   |
| /  | American Opto                       | metric Association Political Action (                             | Committee                           |
| 6. | •                                   | rganization, Affiliated Committee, Joint Fundraising Representati |                                     |
| Α  | merican Optometric                  | √ssociation   |                                     |
| L  |                                     |   |                                     |
| L  |                                     | 1505 Prince Street  |                                     |
|    | Mailing Address                     |   |                                     |
|    |                                     | Suite 300   |                                     |
|    |                                     | Alexandria VA   | 22314<br>                           |
|    |                                     | CITY STATE  | ZIP CODE                            |
|    | Relationship: X Connecte            | Organization Affiliated Committee Joint Fundraising Represe       | entative Leadership PAC Sponsor     |
|    |                                     |   |                                     |
|    | Custodian of Records: Idea          | tify by name, address (phone number optional) and position of th  | e person in possession of committee |
|    | books and records.                  |   |                                     |
|    | Milliorn, T                         | iss,,,  | 1                                   |
|    | Full Name                           | 1505 Prince Street  |                                     |
|    | Mailing Address                     | Suite 300   |                                     |
|    |                                     | Alexandria  | , ,22314                            |
|    |                                     | Alexandra   |                                     |
|    | Title or Position                   | CITY STATE  | ZIP CODE                            |
|    | Pac Coordinator                     | 1   | 703   837   1345                    |
|    |                                     | Telephone number  |                                     |
| 3. | Treasurer: List the name an         | I address (phone number optional) of the treasurer of the commit  | tee; and the name and address of    |
|    | any designated agent (e.g.,         |   |                                     |
|    | Full Name Nguyen, S of Treasurer    | even, , , O.D.  |                                     |
|    | Mailing Address                     | 1505 Prince Street  |                                     |
|    |                                     | Suite 300   |                                     |
|    |                                     | Alexandria  | 22314                               |
|    | TH . B                              | CITY STATE  | ZIP CODE                            |
|    | Title or Position Treasurer AOA-PAC |   | 703 - 837 - 1345                    |

| FEC <b>For</b> n                    | n 1 (Revised 02/2009)  | Page <b>4</b> |
|-------------------------------------|--|---------------|
|                                     |  |               |
| Full Name of<br>Designated<br>Agent | Milliorn, Tess, , ,  |               |
| Mailing Address                     | 1505 Prince Street   |               |
|                                     | Suite 300  |               |
|                                     | Alexandria VA 22314  |               |
|                                     | CITY STATE ZIP (   | CODE          |
| Title or Position PAC Coordinate    | or Telephone number 703 - 837  | _ 1345        |
|                                     | <b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds accoxes or maintains funds. | ounts, rents  |
| Name of Bank, I                     | Depository, etc.   |               |
|                                     | Bank of America  | 1             |
| Mailing Address                     | P O Box 798  |               |
|                                     |  |               |
|                                     | Wichita KS 67201   |               |
|                                     | CITY STATE ZIP (   | CODE          |
| Name of Bank, I                     | Depository, etc.   |               |
|                                     | Wachovia Bank  |               |
| Mailing Address                     | P O Box 563966   |               |
|                                     |  |               |
|                                     | Charlotte NC 28256-3966  |               |
|                                     | CITY STATE ZIP (   | CODE          |
|                                     |  |               |

## : 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F1A Transaction ID:

Adding Custodian of Record and Updating Designated Agent

Form/Schedule: Transaction ID:

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_\_\_ **of** \_\_\_

| TITLE OR POSITION asst Dir Pol Aff Asst Dir Pol Aff Banks or Other Depositor safety deposit boxes or mai   | ies: List all banks or dintains funds.                               |                           | STAT Telephone Number ch the committee | 9r 703           | ZIP CODE   837 1376  holds accounts, rents |
|--|--|---------------------------|--|------------------|--|
| TITLE OR POSITION  asst Dir Pol Aff  Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.  | Alexandria  Alexandria  ies: List all banks or dintains funds.  Bank | other depositories in whi | STAT                                   | TE ▲ 703         | ZIP CODE <b>A</b>                          |
| TITLE OR POSITION  asst Dir Pol Aff  Banks or Other Depositor safety deposit boxes or main and the safety deposit boxes or | Alexandria  Alexandria  ies: List all banks or dintains funds.  Bank | other depositories in whi | STAT                                   | TE ▲ 703         | ZIP CODE <b>A</b>                          |
| TITLE OR POSITION asst Dir Pol Aff   | Alexandria  Alexandria  ies: List all banks or dintains funds.       |                           | STAT                                   | TE ▲ 703         | ZIP CODE <b>A</b>                          |
| TITLE OR POSITION asst Dir Pol Aff   | Alexandria   |                           | STAT                                   | TE ▲ 703         | ZIP CODE <b>A</b>                          |
| TITLE OR POSITION  | Alexandria   | CITY A                    | STAT                                   | E ▲              | ZIP CODE ▲                                 |
| TITLE OR POSITION  | Alexandria   | CITY A                    |  | E 🛦              | ZIP CODE ▲                                 |
| Mailing Address  |  |                           |  | VA               | 114  |
| Mailing Address  | Suite 300  |                           |  |                  |  |
| Mailing Address  |  |                           |  |                  |  |
|  | 1505 Prince Street   |                           |  |                  |  |
| Milliorn, T  | ess, , ,   |                           |  |                  |  |
| Designated Agent: Identify   | by name, address (pł   | none number – optional)   |  |                  |  |
| Connected  | Organization Affil   | liated Committee J        | oint Fundraising Rep                   | presentative     | Leadership PAC Spo                         |
| Relationship:  |  | CITY A                    | STA                                    | <br>ATE ▲        | ZIP CODE ▲                                 |
|  |  |                           | 1 1                                    | 1 1              | 1 1  |
| Mailing Address  |  |                           |  |                  |  |
|  |  |                           |  |                  |  |
|  |  |                           |  |                  |  |
| Name of Any Connected  | organization, Affiliate  | a Committee, Joint Fu     | ndraising Represe                      | entative, or Lea | adership PAC Spons                         |
|  |  |                           |  |                  |  |
| 4.   |  |                           | FEC ID nui                             | mber C           |  |
| 0.   |  |                           | FEC ID nui                             | mber C           |  |
| 3.   |  |                           | FEC ID nui                             | mber C           |  |
| 1  |  |                           | FEC ID nui                             | mber C           |  |