

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Optometric Association Political Action Committee

ADDRESS (number and street)

1505 Prince Street

Suite 300

Check if different
than previously
reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00024968

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election
Report for the:☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report 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

Signature of Treasurer

Nguyen, Steven, , O.D.

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
12 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2017

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|--|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2017 | | 503623.63 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 451635.01 | |
| (c) Total Receipts (from Line 19) | 96588.53 | 973193.91 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 548223.54 | 1476817.54 |
| 7. Total Disbursements (from Line 31)..... | 54397.44 | 982991.44 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 493826.10 | 493826.10 |
| 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. 05/2016)

Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12 | / | 01 | / | 2017 |

To:

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2017 |

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).....

77549.35

726407.84

(ii) Unitemized

19000.96

245692.82

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

96550.31

972100.66

(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)

96550.31

972100.66

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

812.50

17. Other Federal Receipts

(Dividends, Interest, etc.).....

38.22

280.75

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))

96588.53

973193.91

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

96588.53

973193.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 2709.94 | 113543.92 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 2709.94 | 113543.92 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 51687.50 | 797187.50 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 | 2260.02 |
| (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 | 2260.02 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 70000.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(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)) .. | 54397.44 | 982991.44 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 54397.44 | 982991.44 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) | 96550.31 | 972100.66 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 2260.02 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 96550.31 | 969840.64 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 2709.94 | 113543.92 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 2709.94 | 113543.92 |

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 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Caldwell, Gregory, A, Dr.,

Mailing Address 225 Terrace Dr

City
LillyState
PAZip Code
15938-5819FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2017

Transaction ID : 41615499

Amount of Each Receipt this Period

166.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Munson, Mitchell, Todd, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2003.28

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2017

Transaction ID : 41615500

Amount of Each Receipt this Period

166.94

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Parks, Robert, J, Dr.,

Mailing Address 332 Sweet Allen Farm Rd

City

Wakefield

State

RI

Zip Code

02879-1492

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 01 / 2017

Transaction ID : 41615501

Amount of Each Receipt this Period

62.50

☐ Memo Item

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

396.11

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 171

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cote, Paul, , Dr.,

Mailing Address 18 Schiavi Road

City
HarrisonState
MEZip Code
04040-3528FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2017

Transaction ID : 41615503

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gjulich, Dana, C, Dr.,

Mailing Address 225 Terrace Dr

City
LillyState
PAZip Code
15938-5819FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2017

Transaction ID : 41615504

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Wartman, Rebecca, Hensley, Dr.,

Mailing Address 46 Lambeth Walk

City
FairviewState
NCZip Code
28730-7721FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2017

Transaction ID : 41615505

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

171.67

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 171

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Triebel, Beth, E, Dr.,

Mailing Address 3429 Scenic Valley Dr

City
WdmState
IAZip Code
50265-5798FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2017

Transaction ID : 41615506

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hopping, Ronald, Lee, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry, MPH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 02 / 2017

Transaction ID : 41617628

Amount of Each Receipt this Period

166.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Hopping, Desiree, Tyer, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 02 / 2017

Transaction ID : 41617629

Amount of Each Receipt this Period

42.86

☐ Memo Item

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

259.53

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 171

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Parker, David, L, Dr.,

Mailing Address 4889 Bobo Pl

City
Olive Branch

State
MS

Zip Code
38654-8223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 02 / 2017

Transaction ID : 41617630

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Beyer, Dirk, Michael, Dr.,

Mailing Address 709 S 5th St

City
Hamilton

State
MT

Zip Code
59840-2755

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 02 / 2017

Transaction ID : 41617631

Amount of Each Receipt this Period

166.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pederson, Jon, Frederick, Dr.,

Mailing Address 1416 S Columbine St

City
Denver

State
CO

Zip Code
80210-2419

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 02 / 2017

Transaction ID : 41617632

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

351.67

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

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

Use separate schedule(s)
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Detailed Summary Page

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(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Birch, Jared, E, Dr.,

Mailing Address 6576 Sundown Cir

City
Idaho FallsState
IDZip Code
83402-5779FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 02 / 2017

Transaction ID : 41617633

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DeVleming, James, P, Dr.,

Mailing Address 670 SE Meadow Vale Dr

City
PullmanState
WAZip Code
99163-2445FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2004.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 02 / 2017

Transaction ID : 41617634

Amount of Each Receipt this Period

167.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hardie, James, D, Dr.,

Mailing Address 750 Stewart Rd Ste 2

City
MonroeState
MIZip Code
48162-4279FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 02 / 2017

Transaction ID : 41617635

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

237.00

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)

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Davis, Lynn, Annette, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.01

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2017

Transaction ID : 41617641

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Chous, Linda, M, Dr.,

Mailing Address 1295 W Royal Oaks Dr

City
Shoreview

State
MN

Zip Code
55126-8478

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2017

Transaction ID : 41617642

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Leoni, Melissa, L, Dr.,

Mailing Address 29 Olde Farm Rd

City
Ona

State
WV

Zip Code
25545-9729

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2017

Transaction ID : 41617643

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

325.00

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)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Naftali, Paul, Eliot, Dr.,

Mailing Address 489 Carlton Rd

City
Wyckoff

State
NJ

Zip Code
07481-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2017

Transaction ID : 41617645

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jordan, Roger, Lynn, Dr.,

Mailing Address 3329 Paintbrush Dr

City
Gillette

State
WY

Zip Code
82718-7616

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2017

Transaction ID : 41617646

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gove, Sheridan, S, Dr.,

Mailing Address 27 Wilderness Dr

City
Freeport

State
ME

Zip Code
04032-5824

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 03 / 2017

Transaction ID : 41617647

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

555.00

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tovarek, Stacy, Lynn, Dr.,

Mailing Address 4681 Rutherford Cir SW

City
Port Orchard

State
WA

Zip Code
98367-6429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2017

Transaction ID : 41617662

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Read, Margaret, Smith, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1185.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2017

Transaction ID : 41617663

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Wolfe, Christopher, Scott, Dr.,

Mailing Address 6515 S 157th St

City
Omaha

State
NE

Zip Code
68135-5314

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2017

Transaction ID : 41617664

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

180.00

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

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

FOR LINE NUMBER: PAGE 14 OF 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Burks, Scott, M, Dr.,

Mailing Address PO Box 1351

City
Buffalo

State
MO

Zip Code
65622-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2017

Transaction ID : 41617665

Amount of Each Receipt this Period

101.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Carroll, Martin, Howard, Dr.,

Mailing Address 3700 Essex Rd

City
Cheyenne

State
WY

Zip Code
82001-1641

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2017

Transaction ID : 41617666

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shirey, Mark, W, Dr.,

Mailing Address 1095 Dominion Dr E

City
Mobile

State
AL

Zip Code
36695-8475

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2017

Transaction ID : 41617668

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

351.00

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 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Walker, Patricia, , Dr.,

Mailing Address 2861 Aspen Glade Cove

City
Cordova

State
TN

Zip Code
38016-4783

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2017

Transaction ID : 41617669

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Huber, Seth, A, Dr.,

Mailing Address 8925 Ridgeline Blvd Ste 107

City

Highlands Ranch

State

CO

Zip Code

80129-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2017

Transaction ID : 41617670

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lodwick, Richard, K, Dr.,

Mailing Address 3501 Mallard Cv

City

Williamsburg

State

VA

Zip Code

23185-8406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2017

Transaction ID : 41617675

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

320.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Weigel, Jen, F, Dr.,

Mailing Address 4303 Bellavia Ln

City
FairfaxState
VAZip Code
22030-4433FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2017

Transaction ID : 41618295

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vosseteig, Gregory, Alan, Dr.,

Mailing Address 1502 Woodrose Ct

City

Fort Collins

State

CO

Zip Code

80526-6934

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2017

Transaction ID : 41618305

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Durham, Jeremy, M., Dr.,

Mailing Address 1233 N Seasons Ct

City

Goddard

State

KS

Zip Code

67052-8534

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2017

Transaction ID : 41618306

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

800.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wallace, Michael, Gerard, Dr.,

Mailing Address 3366 Ambleside Dr

City
FlushingState
MIZip Code
48433-9784FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2017

Transaction ID : 41618307

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Furman, Donald, W, Dr.,

Mailing Address 3150 Taylor Ave

City
Forest CityState
IAZip Code
50436-8028FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2017

Transaction ID : 41618308

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stephens, Andy, P., Dr.,

Mailing Address 8427 W Meadow Park Ct

City
WichitaState
KSZip Code
67205-3507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2017

Transaction ID : 41618309

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

165.33

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gordon, William, David, Dr.,

Mailing Address 3012 River Oaks Drive

City
Monroe

State
LA

Zip Code
71201-2030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2017

Transaction ID : 41618310

Amount of Each Receipt this Period

208.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Moser, Rhonda, F, Dr.,

Mailing Address 500 S 2nd St

City
Eunice

State
LA

Zip Code
70535-5412

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2017

Transaction ID : 41618311

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fruge, Sarah, M, Dr.,

Mailing Address 1230 B And B Ave

City
Eunice

State
LA

Zip Code
70535-5950

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2017

Transaction ID : 41618312

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

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

375.02

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hickman, Amanda, N, Dr.,

Mailing Address 18293 Monga
Drive

City
Covington

State
LA

Zip Code
70433-0330

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2017

Transaction ID : 41618313

Amount of Each Receipt this Period

33.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Eddy, Christopher, L, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2017

Transaction ID : 41618316

Amount of Each Receipt this Period

187.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Savarno, Edward, B, Dr.,

Mailing Address 144 Linden Ave

City

Charleroi

State

PA

Zip Code

15022-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2017

Transaction ID : 41618318

Amount of Each Receipt this Period

166.67

☐ Memo Item

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

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

387.01

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jones, Kimberly, , ,

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 (for Individual)
Optometric Physicians of Washington

Occupation (for Individual)
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2017

Transaction ID : 41618319

Amount of Each Receipt this Period

51.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ball, Melissa, R, Dr.,

Mailing Address 115 Kirkwood Dr

City
London

State
KY

Zip Code
40744-6453

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2017

Transaction ID : 41618320

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Achenbach, Andre, B, Dr.,

Mailing Address 31 Crossridge Dr

City
Windham

State
ME

Zip Code
04062-5568

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2017

Transaction ID : 41618321

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

96.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Walker, Douglas, J, Dr.,

Mailing Address PO Box 988

City
Brookings

State
OR

Zip Code
97415-0021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2017

Transaction ID : 41618323

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Christoph, Richard, P, Dr.,

Mailing Address 2444 Garfield Ave

City
West Lawn

State
PA

Zip Code
19609-1902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.26

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2017

Transaction ID : 41618324

Amount of Each Receipt this Period

47.02

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Odekirk, Steven, W, Dr.,

Mailing Address 10 Druid Pl

City
Charleston

State
WV

Zip Code
25314-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2017

Transaction ID : 41618326

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

572.02

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

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

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

FOR LINE NUMBER: PAGE 22 OF 171

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Radow, Brett, K, Dr.,

Mailing Address 6621 Kanawha Ave SE

City
Charleston

State
WV

Zip Code
25304-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2017

Transaction ID : 41618327

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McDermott, Dana, M, Dr.,

Mailing Address 361 Bison View Ln

City
Thermopolis

State
WY

Zip Code
82443-8401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2017

Transaction ID : 41619440

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Duclos, Lanny, F, Dr., Jr.

Mailing Address 3795 Sun Valley Dr

City
Grantsville

State
UT

Zip Code
84029-8512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 06 / 2017

Transaction ID : 41619517

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

915.00

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

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

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

FOR LINE NUMBER: PAGE 23 OF 171

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reinholt, Mitchell, Scott, Dr.,

Mailing Address 1178 N Slateview Ct

City
WarsawState
INZip Code
46582-5951FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 06 / 2017

Transaction ID : 41619518

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hardy, Dale, F, Dr.,

Mailing Address 10573 S Weeping Willow Dr

City
SandyState
UTZip Code
84070-4241FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 06 / 2017

Transaction ID : 41619519

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Insinga, John, Francis, Dr.,

Mailing Address 30 Clover Ln

City
RandolphState
NJZip Code
07869-4529FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 06 / 2017

Transaction ID : 41619520

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

105.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 171
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hays, David, S, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

924.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 06 | | 2017 |

Transaction ID : 41619521

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ricks, Jason, A, Dr.,

Mailing Address 108 Agate Dr

City

Lewistown

State

MT

Zip Code

59457-3202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

458.37

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 06 | | 2017 |

Transaction ID : 41619522

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kerns, Keith, , Mr.,

Mailing Address 1020 N High St #315

City

Columbus

State

OH

Zip Code

43201-2410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Aggregate Year-to-Date ▼

200.04

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 06 | | 2017 |

Transaction ID : 41619523

Amount of Each Receipt this Period

16.67

☐ Memo Item

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

142.34

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barron, John, Guerrero, Dr.,

Mailing Address 1217 Tammy St

City
Selma

State
CA

Zip Code
93662-4344

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2017

Transaction ID : 41619524

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Walline, Jeffrey, J, Dr.,

Mailing Address 31 E Dominion Blvd

City
Columbus

State
OH

Zip Code
43214-2703

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2017

Transaction ID : 41620063

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bortz, Sarah, Emmett, Dr.,

Mailing Address 1011 Parkland PI SE

City
Albuquerque

State
NM

Zip Code
87108-4326

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 06 / 2017

Transaction ID : 41620193

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

825.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Alsop, Jenny, N, Dr.,

Mailing Address 4418 Augusta Ave Apt A

City
Richmond

State
VA

Zip Code
23230-3816

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 07 / 2017

Transaction ID : 41620648

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kirk, Ronald, Dean, Dr.,

Mailing Address 1039 E Browns Canyon Rd

City
Blanding

State
UT

Zip Code
84511-3323

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

12 / 07 / 2017

Transaction ID : 41620652

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Knight, John, Bradford, Dr.,

Mailing Address 218 11th Ave

City
Huntington

State
WV

Zip Code
25701-3115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

12 / 07 / 2017

Transaction ID : 41620656

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

116.67

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Steele, Kurt, Thomas, Dr.,

Mailing Address 555 Cliffwood Dr

City
Newport

State
TN

Zip Code
37821-2522

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2017

Transaction ID : 41620658

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Powell, Kathleen, E, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2017

Transaction ID : 41620660

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Chaney, Michelle, Wika, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1618.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2017

Transaction ID : 41620662

Amount of Each Receipt this Period

191.00

☐ Memo Item

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

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

451.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mc Kenzie, David, H, Dr., Jr.

Mailing Address 478 Baker Blvd

City
EstillState
SCZip Code
29918-3366FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 07 / 2017

Transaction ID : 41620667

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sandberg, Derri, J, Dr.,

Mailing Address 901 NW Carlon Ave Ste 2

City
BendState
ORZip Code
97703-2636FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2017

Transaction ID : 41620669

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Weisgerber, Michael, Paul, Dr.,

Mailing Address 8045 Wacabee Dr

City
Myrtle BeachState
SCZip Code
29579-5228FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2017

Transaction ID : 41620671

Amount of Each Receipt this Period

49.15

☐ Memo Item

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

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

274.15

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sundholm, Lynette, M., Dr.,

Mailing Address 11006 41st Ave SE

City
EverettState
WAZip Code
98208-5463FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2017

Transaction ID : 41620672

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Johnston, Margaret Placentra, , Dr.,

Mailing Address 7405 Old Dominion Dr

City

Mc Lean

State

VA

Zip Code

22101-2723

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2017

Transaction ID : 41620756

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hoppe, Matthew, C, Dr.,

Mailing Address 16660 705th Ave

City

Dassel

State

MN

Zip Code

55325-7508

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 05 / 2017

Transaction ID : 41620760

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

580.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Johnson, Michael, Edward, Dr.,

Mailing Address 81 Old Amherst Rd

City

Mont Vernon

State

NH

Zip Code

03057-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry,FAAO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2017

Transaction ID : 41629058

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kennedy, Scott, R, Dr.,

Mailing Address 809 University St

City

Spearfish

State

SD

Zip Code

57783-1821

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2017

Transaction ID : 41629404

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schachet, John, Larry, Dr.,

Mailing Address 6601 S Magnolia Ct

City

Centennial

State

CO

Zip Code

80111-4610

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2017

Transaction ID : 41630209

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1000.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Krzyzak, Michael, Scott, Dr.,

Mailing Address 8195 Fenimore Ct

City
LiverpoolState
NYZip Code
13090-6891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2017

Transaction ID : 41630221

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Davis, Evan, Wright, Dr.,

Mailing Address 39 Devereaux Rd

City
LaurelState
MSZip Code
39443-9191FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2017

Transaction ID : 41630225

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wassel, Jerold, M, Dr.,

Mailing Address 12212 Faulkner Dr

City
Owings MillsState
MDZip Code
21117-1257FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 07 / 2017

Transaction ID : 41630229

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 32 OF 171

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sanchez, Danny, , Dr.,

Mailing Address 296 North 15th Avenue

City
BrightonState
COZip Code
80601-1904FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2017

Transaction ID : 41630235

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Phillips, Edward, W, Dr.,

Mailing Address 527 Lake Louise Cir Unit 203

City
NaplesState
FLZip Code
34110-8008FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2017

Transaction ID : 41630263

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cook, Christine, W, Dr.,

Mailing Address 511 Shadow Brooke Dr

City
ChesapeakeState
VAZip Code
23320-3511FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2017

Transaction ID : 41630268

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

1115.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 171

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schramm, Beth Ann, , Dr.,

Mailing Address 27 Forest St

City
GrotonState
CTZip Code
06340-4913FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 07 | / | 2017 |

Transaction ID : 41630271

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mc Keown, Sean David, , Dr.,

Mailing Address 27 Forest St

City
GrotonState
CTZip Code
06340-4913FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 07 | / | 2017 |

Transaction ID : 41630273

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hamilton, Lisa, Marie, Dr.,

Mailing Address 7870 Canvasback Cir

City
LittletonState
COZip Code
80125-8996FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 07 | / | 2017 |

Transaction ID : 41630276

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

750.00

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

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

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

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(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fisher, Gary, Wayne, Dr.,

Mailing Address PO Box 228

City
Monticello

State
IA

Zip Code
52310-0228

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2017

Transaction ID : 41630280

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mansfield, Levi, C, Dr.,

Mailing Address 130 Plantation Way

City

West Paducah

State
KY

Zip Code
42086-9441

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2017

Transaction ID : 41630299

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pagon, Kata, , Dr.,

Mailing Address 14660 Rindewood Ln

City

Novelty

State
OH

Zip Code
44072-9590

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2017

Transaction ID : 41630307

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 35 OF 171

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Giesey, Jessica, L., Dr.,

Mailing Address 6700 Lunar Dr
Apt 204

City
Anchorage

State
AK

Zip Code
99504-4574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2017

Transaction ID : 41630442

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jensen, Paul, S., Dr.,

Mailing Address 4717 132nd Ave SE

City

Bellevue

State

WA

Zip Code

98006-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 08 / 2017

Transaction ID : 41630451

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schneebeck, Jeri, Ann, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 08 / 2017

Transaction ID : 41630452

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

550.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Anderson, Kenyon, B, Dr.,

Mailing Address 906 S Anna Ekins Ln

City
GenolaState
UTZip Code
84655-6106FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2017

Transaction ID : 41630453

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Deom, James, E, Dr.,

Mailing Address 448 E County Rd

City
DrumsState
PAZip Code
18222-1618FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2017

Transaction ID : 41630455

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zolman, Michael, W, Dr.,

Mailing Address 141 Sea Cotton Cir

City
CharlestonState
SCZip Code
29412-8296FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2017

Transaction ID : 41630485

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

720.00

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 171

☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. La Londe, Raymond, Allen, Dr.,

Mailing Address 3918 Old M 10

City
Standish

State
MI

Zip Code
48658-9508

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 08 / 2017

Transaction ID : 41630564

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Scott, Suzanne, D, Dr.,

Mailing Address 230 SW State St

City
Pullman

State
WA

Zip Code
99163-2834

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 08 / 2017

Transaction ID : 41631671

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Rutherford, Jason, Stewart, Dr.,

Mailing Address 10 Crowne Pond Ln

City
Wilton

State
CT

Zip Code
06897-3029

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 08 / 2017

Transaction ID : 41632988

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 38 OF 171
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schaeffer, Jack, L, Dr.,

Mailing Address 3801 River View Cir

City
Mountain BrkState
ALZip Code
35243-4801FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 12 | 08 | 2017 |

Transaction ID : 41633751

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schaeffer, Jack, L, Dr.,

Mailing Address 3801 River View Cir

City
Mountain BrkState
ALZip Code
35243-4801FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 12 | 08 | 2017 |

Transaction ID : 41633753

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Foster, Shane, A, Dr.,

Mailing Address 41 Sunset Drive

City
AthensState
OHZip Code
45701-1610FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

| | | |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 12 | 09 | 2017 |

Transaction ID : 41633758

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

520.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Herman, Tate, M, Dr.,

Mailing Address 6030 Jonquil Ln N

City
MinneapolisState
MNZip Code
55442-1240FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 09 / 2017

Transaction ID : 41633760

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Morris, Shawn, P, Dr.,

Mailing Address 23 S Park St Apt 1

City
HanoverState
NHZip Code
03755-2134FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2017

Transaction ID : 41633761

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Davis, Jennifer, E, Dr.,

Mailing Address 500 Handley Way

City
AftonState
VAZip Code
22920-1554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2017

Transaction ID : 41633762

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

416.67

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kitahata, Miki, , Dr.,

Mailing Address 1913 Driving Park Rd

City
Wheaton

State
IL

Zip Code
60187-3230

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2017

Transaction ID : 41633764

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Heard, Cynthia, Gale, Dr.,

Mailing Address 7781 Tankerston Dr

City
Memphis

State
TN

Zip Code
38125-3614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2017

Transaction ID : 41633765

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ajamian, Paul, C, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2017

Transaction ID : 41633773

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

200.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 OF 171

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bowen, Jacqueline, Marie, Dr.,

Mailing Address 3930 W 19th Street Ln

City
GreeleyState
COZip Code
80634-3446FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2017

Transaction ID : 41633774

Amount of Each Receipt this Period

163.64

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Parker, Adam, P, Dr.,

Mailing Address 10800 Rimbey Ct

City
Glen AllenState
VAZip Code
23060-6481FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2017

Transaction ID : 41633775

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sonsino, Jeffrey, , Dr.,

Mailing Address 2817 West End Ave Ste 117

City
NashvilleState
TNZip Code
37203-1481FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2017

Transaction ID : 41633776

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

296.98

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 171

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wong, Michelle, W., Dr.,

Mailing Address 6910 S Rainbow Blvd Ste 1026910 S

City

Las Vegas

State

NV

Zip Code

89118-3274

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2017

Transaction ID : 41633777

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Webb, Kevin, M, Dr.,

Mailing Address 9 Walt Kuhn Rd

City

Cape Neddick

State

ME

Zip Code

03902-7277

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2017

Transaction ID : 41633778

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Scott, Nathan, Loren, Dr.,

Mailing Address 918 Manzanal St NE

City

E Wenatchee

State

WA

Zip Code

98802-4556

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2017

Transaction ID : 41633779

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

165.00

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 171

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kohn, Jennifer, Lynn, Dr.,

Mailing Address 203 S Sangamon St Apt 108

City
Chicago

State
IL

Zip Code
60607-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2017

Transaction ID : 41633780

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Miller, Erin, Rene, Dr.,

Mailing Address 9570 S Vandecar Rd

City
Shepherd

State
MI

Zip Code
48883-9548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2017

Transaction ID : 41633794

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Busche, Amber, L, Dr.,

Mailing Address 4171 Lyric Falls Ct

City
Loveland

State
CO

Zip Code
80538-7147

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 11 / 2017

Transaction ID : 41633800

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

575.00

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)

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schnell, Pamela, Hooker, Dr.,

Mailing Address 3871 Oak Forest Dr

City
Bartlett

State
TN

Zip Code
38135-9451

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 11 / 2017

Transaction ID : 41633802

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jackson, John, Mark, Dr.,

Mailing Address 3696 Walnut Grove Rd

City
Memphis

State
TN

Zip Code
38111-6820

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 11 / 2017

Transaction ID : 41633803

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brtva, Dennis, M, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 11 / 2017

Transaction ID : 41633804

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

175.00

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 171

☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schlagheck, Michele, A, Dr.,

Mailing Address 5520 W Erie Rd

City

Ottawa Lake

State

MI

Zip Code

49267-8706

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 11 / 2017

Transaction ID : 41633805

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Breckenridge, Bruce, F, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 11 / 2017

Transaction ID : 41633806

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Buchanan, Matthew, , Dr.,

Mailing Address 5018 Petrified Forest Trl

City

Colorado Spgs

State

CO

Zip Code

80924-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 11 / 2017

Transaction ID : 41633807

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

193.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 171
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hartenstein, David, Michael, Dr.,

Mailing Address 3 Taylor River Rd

City
Hampton FallsState
NHZip Code
03844-2012FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12 | / | 11 | / | 2017 |

Transaction ID : 41634130

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Murphy, M., Shay, Dr.,

Mailing Address 912 Whalers Way

City
Fort CollinsState
COZip Code
80525-4885FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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 |
| 12 | / | 12 | / | 2017 |

Transaction ID : 41634182

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barth, Markus, I, Dr.,

Mailing Address 1346 Heller Dr

City
YardleyState
PAZip Code
19067-2714FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.04

Date of Receipt

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12 | / | 12 | / | 2017 |

Transaction ID : 41634183

Amount of Each Receipt this Period

41.67

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

941.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 171

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reddin, Diane, E, Dr.,

Mailing Address 2053 Black Canyon Rd

City
CrawfordState
COZip Code
81415-9554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 12 | / | 2017 |

Transaction ID : 41634184

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Haugen, Scott, A, Dr.,

Mailing Address 4713 Mcgraw Cir

City

Fort Collins

State

CO

Zip Code

80526-3982

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 12 | / | 2017 |

Transaction ID : 41634185

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Asano, Gary, Wayne, Dr.,

Mailing Address 1809 Manzanita Ln

City

Manhattan Bch

State

CA

Zip Code

90266-4128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 12 | / | 2017 |

Transaction ID : 41634186

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

175.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 48 OF 171
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Adams, Edwin, F, Dr., III

Mailing Address 36467 Oak Park Ave

City
PrairievilleState
LAZip Code
70769-3279FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 12 | / | 2017 |

Transaction ID : 41634187

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Boudreaux, Cory, J, Dr.,

Mailing Address 15660 Guillory Place

City
Baton RougeState
LAZip Code
70810-5629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 12 | / | 2017 |

Transaction ID : 41634188

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mizelle, William, Donner, Dr.,

Mailing Address 102 N Lemans St

City
LafayetteState
LAZip Code
70503-4028FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 12 | / | 2017 |

Transaction ID : 41634189

Amount of Each Receipt this Period

125.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

308.34

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

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

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

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(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Marshall, Gabrielle, W, Dr.,

Mailing Address 2463 NW 1st St

City
BendState
ORZip Code
97703-1246FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry,FCOVD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2040.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2017

Transaction ID : 41634191

Amount of Each Receipt this Period

170.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cano-Howes, Melinda, A., Dr.,

Mailing Address 11 Mills Ln NE

City

Los Lunas

State

NM

Zip Code

87031-7170

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Eye Associates of NM

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2017

Transaction ID : 41634192

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dodge, Lee, Edward, Dr.,

Mailing Address 14312 Califa St

City

Sherman Oaks

State

CA

Zip Code

91401-3614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

372.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2017

Transaction ID : 41634193

Amount of Each Receipt this Period

31.00

☐ Memo Item

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

242.67

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Horn, Barbara, L, Dr.,

Mailing Address 8045 Wacabee Dr

City
Myrtle Beach

State
SC

Zip Code
29579-5228

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1983.48

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2017

Transaction ID : 41634194

Amount of Each Receipt this Period

165.29

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hwang, Jeslyn, J, Dr.,

Mailing Address 20 Cleveland Pl

City
Palisades Pk

State
NJ

Zip Code
07650-1104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2017

Transaction ID : 41634195

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wroten, Christopher, W, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2017

Transaction ID : 41634196

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

275.29

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Beard, Julie, L, Dr.,

Mailing Address 19 Richton Rd

City
StegerState
ILZip Code
60475-1822FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2017 | | | |

Transaction ID : 41634197

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hymes, Jonathan, F, Mr.,

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 (for Individual)
American Optometric AssociationOccupation (for Individual)
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2017 | | | |

Transaction ID : 41634199

Amount of Each Receipt this Period

166.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kjome, Richard, A., Dr.,

Mailing Address 714 3rd Ave

City

Antigo

State

WI

Zip Code

54409-2044

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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 |
| 12 | | | 12 | | | 2017 | | | |

Transaction ID : 41634207

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

441.67

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

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(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Casser, Linda, Camille, Dr.,

Mailing Address 21 Breyer Ct

City
Elkins ParkState
PAZip Code
19027-1350FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 12 / 2017

Transaction ID : 41634217

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Colburn, Christopher, James, Dr.,

Mailing Address 30 Winchester Rd

City
LakewoodState
NYZip Code
14750-1734FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
 12 / 13 / 2017

Transaction ID : 41648754

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Frazee, David, Robert, Dr.,

Mailing Address 4962 Shoreline Dr

City
FriscoState
TXZip Code
75034-4058FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 13 / 2017

Transaction ID : 41648755

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

500.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cope, James, A., Dr., IV

Mailing Address 1607 S 2900 E

City
Spanish Fork

State
UT

Zip Code
84660-8903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.02

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2017

Transaction ID : 41648756

Amount of Each Receipt this Period

39.17

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reynolds, William, Thomas, Dr., Jr.

Mailing Address 200 La Rose Ct

City
Richmond

State
KY

Zip Code
40475-7855

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3833.37

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2017

Transaction ID : 41648757

Amount of Each Receipt this Period

166.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Seger, Ronald, G., Dr.,

Mailing Address 715 Glenborough Dr

City
Mountain View

State
CA

Zip Code
94041-2580

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2017

Transaction ID : 41648759

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

305.84

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Draisin, Neil, W, Dr.,

Mailing Address 21 Fairway Village Ln

City
Isle Of Palms

State
SC

Zip Code
29451-2732

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2017

Transaction ID : 41648760

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Coble, John, Dale, Dr.,

Mailing Address 1501 Sunset Hill Dr

City
Rockwall

State
TX

Zip Code
75087-3216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2017

Transaction ID : 41648761

Amount of Each Receipt this Period

166.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gilthvedt, Elizabeth, M, Dr.,

Mailing Address 5642 Rose St

City
Owatonna

State
MN

Zip Code
55060-3765

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2017

Transaction ID : 41648762

Amount of Each Receipt this Period

130.00

☐ Memo Item

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

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

338.34

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Anker, Darlene, M., Dr.,

Mailing Address 1173 Bridgeview Dr

City
Lynden

State
WA

Zip Code
98264-1073

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2017

Transaction ID : 41648765

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Davis, Mark, Keith, Dr.,

Mailing Address 18635 Roslyn Springs Drive

City
Spring

State
TX

Zip Code
77388-1403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 13 / 2017

Transaction ID : 41648768

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Davis, Mark, Keith, Dr.,

Mailing Address 18635 Roslyn Springs Drive

City
Spring

State
TX

Zip Code
77388-1403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2017

Transaction ID : 41648770

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

620.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Peele, Rodney, , Mr, J.D.

Mailing Address 1505 Prince Street
Suite 30

City
Alexandria

State
VA

Zip Code
22314-2852

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Optometric Association

Occupation (for Individual)
Lobbyist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2017

Transaction ID : 41648957

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Willette, Matthew, B, Mr.,

Mailing Address 1505 Prince Street, Ste. 300

City
Alexandria

State
VA

Zip Code
22314-2874

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Optometric Association

Occupation (for Individual)
Director Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2017

Transaction ID : 41648958

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Harris, Anthony, C, Dr.,

Mailing Address 4720 Brookside Way

City
Lexington

State
KY

Zip Code
40515-6239

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2017

Transaction ID : 41648966

Amount of Each Receipt this Period

650.00

☐ Memo Item

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

810.00

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

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Loomis, Francis, M, Dr., II

Mailing Address 7425 123rd Street Ct

City
Coal Valley

State
IL

Zip Code
61240-9529

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2017

Transaction ID : 41648967

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hutchins, James, Mathew, Dr.,

Mailing Address 101 S Shore Dr

City

Sleepy Eye

State

MN

Zip Code

56085-1038

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2017

Transaction ID : 41648968

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Harris, Angela, Stack, Dr.,

Mailing Address 122 Long Cove Ln

City

Mooreville

State

NC

Zip Code

28117-5827

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2017

Transaction ID : 41648969

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

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

1400.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Herring, Hal, C, Dr., Jr.

Mailing Address 204 Iona St

City
Fairmont

State
NC

Zip Code
28340-1616

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 08 / 2017

Transaction ID : 41648970

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Van Dootingh, Sue, Ellen, Dr.,

Mailing Address 6986 W Harbor Rd

City
Port Clinton

State
OH

Zip Code
43452-9432

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 08 / 2017

Transaction ID : 41648971

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Ward, Mark, C, Dr.,

Mailing Address 625 Grabruck St

City
Danville

State
KY

Zip Code
40422-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 08 / 2017

Transaction ID : 41648972

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Esplin, David, J, Dr.,

Mailing Address 34 S 590 E

City
Salem

State
UT

Zip Code
84653-5519

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 12 / 2017

Transaction ID : 41649016

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Morse, Kenneth, K, Dr.,

Mailing Address 2710 E 14th St

City
Casper

State
WY

Zip Code
82609-2941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 13 / 2017

Transaction ID : 41650280

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Pabalys, Gary, R, Dr.,

Mailing Address 11972 W Gamekeeper Dr

City
Kuna

State
ID

Zip Code
83634-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 14 / 2017

Transaction ID : 41651248

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

800.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Magnus, David, Edward, Dr.,

Mailing Address PO Box 2144

City
Corrales

State
NM

Zip Code
87048-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2017

Transaction ID : 41651249

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Poulter, William, Craig, Dr.,

Mailing Address 3679 W 8110 S

City

West Jordan

State

UT

Zip Code

84088-4458

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2017

Transaction ID : 41651250

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. England, Laura, Elaine, Dr.,

Mailing Address 7615 NW Stonegate Dr

City

Lawton

State

OK

Zip Code

73505-4007

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 14 / 2017

Transaction ID : 41651252

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

180.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lohmeyer, Nathan, John, Dr.,

Mailing Address 2232 Grape St

City
Denver

State
CO

Zip Code
80207-3839

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2017

Transaction ID : 41651254

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nielsen, Charlotte, F, Dr.,

Mailing Address 1120 E Washington St

City
Grayslake

State
IL

Zip Code
60030-7960

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2017

Transaction ID : 41651255

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Patera, Gregory, L, Dr.,

Mailing Address 6256 Sunset Bch

City
Lake Odessa

State
MI

Zip Code
48849-9652

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2017

Transaction ID : 41651256

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

192.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pelton, Harriet Carolyn, , Dr.,

Mailing Address 6250 Ramwyck Ct

City
W Bloomfield

State
MI

Zip Code
48322-2250

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 13 / 2017

Transaction ID : 41651268

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ginger, Herman, H, Dr.,

Mailing Address 3901 Divoky Rd

City
Pine Bluff

State
AR

Zip Code
71603-9505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 13 / 2017

Transaction ID : 41651271

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Nakagawa, Jason, Haruo, Dr.,

Mailing Address 12512 Rosy Cir

City
Los Angeles

State
CA

Zip Code
90066-6927

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 13 / 2017

Transaction ID : 41651275

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

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

4250.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rosenberg, Laura, Frances, Dr.,

Mailing Address 3650 A Dunwoody Rd NE Unit 612

City
BrookhavenState
GAZip Code
30319-2082FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 13 / 2017

Transaction ID : 41651276

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Swaringen, Sandra, L, Dr.,

Mailing Address 171 Lakewood Dr

City
WilkesboroState
NCZip Code
28697-8458FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2017

Transaction ID : 41651277

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gannon, Marc, Jay, Dr.,

Mailing Address 1540 E Commercial Blvd #102

City
Oakland ParkState
FLZip Code
33334-5752FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2017

Transaction ID : 41651278

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1050.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McDermott, Dana, M, Dr.,

Mailing Address 361 Bison View Ln

City

Thermopolis

State

WY

Zip Code

82443-8401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2017

Transaction ID : 41652254

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Altig, William, Drost, Dr.,

Mailing Address 520 County Road 4856

City

Newark

State

TX

Zip Code

76071-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 15 / 2017

Transaction ID : 41652402

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Richlin, Bradley, Joseph, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2026.68

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2017

Transaction ID : 41652403

Amount of Each Receipt this Period

506.67

☐ Memo Item

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

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

831.67

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hertneky, George, W, Dr.,

Mailing Address 16862 County Road 28

City
BrushState
COZip Code
80723-9424FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2017

Transaction ID : 41652404

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Snapp, Steven, , Dr.,

Mailing Address 310 Tendoy St

City
BellevueState
IDZip Code
83313-5085FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 15 / 2017

Transaction ID : 41652405

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Davis, James, A, Dr.,

Mailing Address 839 16th Ave E

City
JeromeState
IDZip Code
83338-1504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2017

Transaction ID : 41652406

Amount of Each Receipt this Period

125.00

☐ 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**

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Grill, Robert Bruce, , Dr.,

Mailing Address 3359 Willow Way

City
Twin Falls

State
ID

Zip Code
83301-8191

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2017

Transaction ID : 41652407

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kosnoski, Edward, M, Dr.,

Mailing Address 305 Kensington Ave S

City
Kent

State
WA

Zip Code
98030-7004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 15 / 2017

Transaction ID : 41652408

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wren, Philip, E., Dr.,

Mailing Address 6644 Finley Pl Apt 102

City
Boulder

State
CO

Zip Code
80301-5746

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2017

Transaction ID : 41652410

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

400.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Caywood, Traer, G, Dr.,

Mailing Address 977 S 1375 E

City
Springville

State
UT

Zip Code
84663-2865

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2017

Transaction ID : 41652753

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Botts, Eric, K, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 14 / 2017

Transaction ID : 41652865

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, Michael, K, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2017

Transaction ID : 41652866

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1300.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Roelfs, Ron, W, Dr.,

Mailing Address 707 NE 40th Ct

City
AnkenyState
IAZip Code
50021-8788FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2017

Transaction ID : 41652867

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lauffenburger, Rebecca, J, Dr.,

Mailing Address 8693 Bechtel Rd

City
OrrvilleState
OHZip Code
44667-9548FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2017

Transaction ID : 41654744

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Edwards, Nathan, D, Dr.,

Mailing Address 4340 S Ash St

City
CasperState
WYZip Code
82601-6038FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2017

Transaction ID : 41656236

Amount of Each Receipt this Period

350.00

☐ 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 69 OF 171

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Collom, Karen Stephanie, , Dr.,

Mailing Address 2528 Lincoln Ave

City
Belmont

State
CA

Zip Code
94002-1426

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2017

Transaction ID : 41656238

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ochiltree, Andrew, , Dr.,

Mailing Address 651 Canyon Hills Rd

City
Kingman

State
AZ

Zip Code
86409-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2017

Transaction ID : 41656240

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Eiss, Steven, Paul, Dr.,

Mailing Address 5674 Keith Ln

City
Emmaus

State
PA

Zip Code
18049-5046

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2017

Transaction ID : 41656244

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

112.00

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

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

FOR LINE NUMBER: PAGE 70 OF 171

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ribas Ferreira, Celesta, Fereshteh, Dr.,

Mailing Address 1345 west 67th place

City
Denver

State
CO

Zip Code
80221-2685

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2017

Transaction ID : 41656246

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fries, Jeffrey, A, Dr.,

Mailing Address 321 Monterey Way

City
Vancouver

State
WA

Zip Code
98661-6049

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2017

Transaction ID : 41656247

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lowe, Sue, Esther, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2017

Transaction ID : 41656248

Amount of Each Receipt this Period

166.67

☐ Memo Item

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

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

258.67

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

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

FOR LINE NUMBER: PAGE 71 OF 171

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Felstet, Tom, R, Dr.,

Mailing Address 4515 Rimrock Rd

City
Billings

State
MT

Zip Code
59106-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2017

Transaction ID : 41656249

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Avallone, Gary, James, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2017

Transaction ID : 41656250

Amount of Each Receipt this Period

166.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hock, Daniel, R, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2017

Transaction ID : 41656251

Amount of Each Receipt this Period

180.00

☐ Memo Item

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

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

376.67

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

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

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(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mentzer, Mark, T., Dr.,

Mailing Address 2200 Blairsferry Xing

City
Hiawatha

State
IA

Zip Code
52233-7900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2017

Transaction ID : 41656252

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Richardson, Norman, Gregory, Dr.,

Mailing Address 1440 Eastridge Dr

City
Pocatello

State
ID

Zip Code
83201-3103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2017

Transaction ID : 41656253

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Carlson, Teresa, L, Dr.,

Mailing Address PO Box 5317

City
Englewood

State
CO

Zip Code
80155-5317

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1941.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2017

Transaction ID : 41656255

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

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

245.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 73 OF 171
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hutchins, Taylor, M, Dr.,

Mailing Address 3444 W 20th St

City
ThatcherState
AZZip Code
85552-4345FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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 |
| 12 | 16 | 2017 |

Transaction ID : 41656277

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DeRosa, Lee, U, Dr.,

Mailing Address 65 Green St

City
BathState
MEZip Code
04530-2446FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12 | 17 | 2017 |

Transaction ID : 41656279

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cooper, Michelle, , Dr.,

Mailing Address 35 Bellows Falls Dr

City
GreerState
SCZip Code
29650-4769FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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 |
| 12 | 17 | 2017 |

Transaction ID : 41656281

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

392.00

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

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

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

FOR LINE NUMBER: PAGE 74 OF 171

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Flynn, Philip, Dunne, Dr.,

Mailing Address 122 Palmetto Hall Dr

City
Lexington

State
SC

Zip Code
29072-7894

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2017

Transaction ID : 41656284

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schroeder, Paul, Edward, Dr.,

Mailing Address 616 12th St SW

City
Le Mars

State
IA

Zip Code
51031-2265

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2017

Transaction ID : 41656285

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barrett, Lee Ann, , Dr.,

Mailing Address 1199 E Morgan St

City
Boonville

State
MO

Zip Code
65233-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2017

Transaction ID : 41656288

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

200.00

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

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

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

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(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jones, Jesse, Andrew, Dr.,

Mailing Address 303 Penbree Ter

City

Bala Cynwyd

State

PA

Zip Code

19004-2333

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2017

Transaction ID : 41656289

Amount of Each Receipt this Period

21.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bender, John, T, Dr., Jr.

Mailing Address 261 Highway 167

City

Daleville

State

AL

Zip Code

36322-6564

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2017

Transaction ID : 41656290

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kruger, Michael, John, Dr.,

Mailing Address 205 Northpark Blvd

City

Huxley

State

IA

Zip Code

50124-9340

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

466.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2017

Transaction ID : 41656291

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

121.00

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 76 OF 171

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Britt, William, Benton, Dr.,

Mailing Address 855 S Pitkin Ave

City
SuperiorState
COZip Code
80027-8032FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2017

Transaction ID : 41656292

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Carver, Christopher, Ned, Dr.,

Mailing Address 225 Grandview Dr

City
CoraopolisState
PAZip Code
15108-3667FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.09

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2017

Transaction ID : 41656294

Amount of Each Receipt this Period

18.19

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Burges, William, Rust, Dr.,

Mailing Address 405 Paris St

City
CastrovilleState
TXZip Code
78009-4511FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1210.92

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2017

Transaction ID : 41656295

Amount of Each Receipt this Period

100.91

☐ Memo Item

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

139.10

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Plattner, Brian, J, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2017

Transaction ID : 41656296

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kompkoff, Laura Kathleen, , Dr.,

Mailing Address 16302 Headlands Cir

City

Anchorage

State

AK

Zip Code

99516-7578

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2017

Transaction ID : 41656297

Amount of Each Receipt this Period

48.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Shilman, Nathaniel, D, Dr.,

Mailing Address 538 9th Ave E

City

Dickinson

State

ND

Zip Code

58601-5481

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2017

Transaction ID : 41656304

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

633.00

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)

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Prouty, Robert, E, Dr.,

Mailing Address 8886 N Awl Rd

City
Parker

State
CO

Zip Code
80138-6840

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : 41656309

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ellis, Joe, E, Dr.,

Mailing Address 179 Wood Trce

City
Benton

State
KY

Zip Code
42025-9400

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : 41656310

Amount of Each Receipt this Period

166.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rush, Nicole, , Dr.,

Mailing Address PO Box 956

City
Bandon

State
OR

Zip Code
97411-0956

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : 41656311

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

351.67

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

Use separate schedule(s)
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(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Terrell, Jenny, G, Dr.,

Mailing Address 2024 Mountainview Dr

City
Hurst

State
TX

Zip Code
76054-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : 41656312

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kaur, Sorena, , Dr.,

Mailing Address 4603 NE 75th St

City
Seattle

State
WA

Zip Code
98115-5206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : 41656313

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kreinest, Christina, M, Dr.,

Mailing Address 26 Wild Lake Dr

City
Ryland Heights

State
KY

Zip Code
41015-9574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : 41663377

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

267.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Larsen, Ryan, P, Dr.,

Mailing Address 10920 E Platte River Rd

City
Evansville

State
WY

Zip Code
82636-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : 41663387

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Piccolo, Marcus, G, Dr.,

Mailing Address 505 J Davis Armistead Bldg

City
Houston

State
TX

Zip Code
77204-7106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : 41663401

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schrader, Wayne, C., Dr.,

Mailing Address 1109 Kennedy Pl Ste 1

City
Davis

State
CA

Zip Code
95616-1271

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : 41663404

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00

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

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

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(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garreffa, Anthony, J., Dr.,

Mailing Address 7417 Madison St

City
Forest Park

State
IL

Zip Code
60130-1502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : 41663410

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Berliner, Brian, K, Dr.,

Mailing Address 16 Lakeridge Dr

City
Huntington

State
NY

Zip Code
11743-3962

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : 41663430

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Garner, Ammon, Don, Dr.,

Mailing Address 6260 Los Bancos Dr

City
El Paso

State
TX

Zip Code
79912-1841

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : 41663443

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)

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Louis, Victoria, R, Dr.,

Mailing Address 1414 Devonshire St

City

Bowling Green

State

OH

Zip Code

43402-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : 41663487

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mc Kenzie, Michelle, M, Dr.,

Mailing Address PO Box 398

City

Estill

State

SC

Zip Code

29918-0398

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : 41663504

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Corbin, John, Clinton, Dr.,

Mailing Address 6645 E Hunter Ridge Ct

City

Monticello

State

IN

Zip Code

47960-7539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : 41663542

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

625.00

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

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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lundberg, Pamela, D, Dr.,

Mailing Address 8904 Thomas Higgs Ct

City
ToanoState
VAZip Code
23168-9453FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : 41663554

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Goldstein, Traci, M, Dr.,

Mailing Address 697 West End Ave

City
New YorkState
NYZip Code
10025-6918FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : 41663559

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Long, Deborah, A, Dr.,

Mailing Address 1115 John Short Rd

City
Fort MillState
SCZip Code
29707-7633FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2017

Transaction ID : 41663561

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

1065.00

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

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

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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Archer, Cheryl, , Dr.,

Mailing Address 518 Erie Ct

City

Bowling Green

State

OH

Zip Code

43402-2745

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 18 / 2017

Transaction ID : 41663564

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Aucello, Michael, J, Dr.,

Mailing Address 34 Sky View Dr

City

Avon

State

CT

Zip Code

06001-2885

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 18 / 2017

Transaction ID : 41663567

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Margolies, Mark, M, Dr.,

Mailing Address 1724 Kendrick St

City

Philadelphia

State

PA

Zip Code

19152-1816

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 18 / 2017

Transaction ID : 41663575

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1000.00

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

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Detailed Summary Page

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Navarro, Luis, Silbiano, Dr.,

Mailing Address 3000 Hondo Ave

City
McAllen

State
TX

Zip Code
78504-6281

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 18 / 2017

Transaction ID : 41663580

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Robison, Ryan, Earl, Dr.,

Mailing Address 718 E Desert Bloom Ct

City
Washington

State
UT

Zip Code
84780-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2017

Transaction ID : 41663586

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Hill, Angela, D, Dr.,

Mailing Address 979 E Springcrest Ct Apt 10

City
Midvale

State
UT

Zip Code
84047-5109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2017

Transaction ID : 41663592

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

1040.00

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

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

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(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Yanak, Barbara, M, Dr.,

Mailing Address 2577 Burlington Tpk

City
TowandaState
PAZip Code
18848-8458FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2017

Transaction ID : 41663594

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brunnett, Susan, Mary, Dr.,

Mailing Address 9940 Ashleigh Way

City
Highlands RanchState
COZip Code
80126-4244FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2017

Transaction ID : 41663595

Amount of Each Receipt this Period

166.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pugh, Ronald, M, Dr.,

Mailing Address 840 E 300 N

City
Spanish ForkState
UTZip Code
84660-1961FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2017

Transaction ID : 41663598

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

246.67

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gray, Robert, F., Dr.,

Mailing Address 9623 W 8170 N

City
Lehi

State
UT

Zip Code
84043-5045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 19 / 2017

Transaction ID : 41663599

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Crandall, Melanie, A, Dr.,

Mailing Address 1012 N Ocean Blvd Apt 202

City

Pompano Beach

State

FL

Zip Code

33062-4013

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 19 / 2017

Transaction ID : 41663600

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hale, Brian, James, Dr.,

Mailing Address 2708 Fairmount Pike

City

Signal Mountain

State

TN

Zip Code

37377-2722

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2017

Transaction ID : 41663604

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1095.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Colonna, Scott, A, Dr.,

Mailing Address 29 Riverview Dr

City
North ProvidenceState
RIZip Code
02904-2960FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12 | | 15 | | 2017 |

Transaction ID : 41663605

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Privett, Lisa, Latham, Dr.,

Mailing Address 28 Cross Pointe Dr

City
JacksonState
TNZip Code
38305-7594FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12 | | 15 | | 2017 |

Transaction ID : 41663606

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hitchmoth, Dorothy, L, Dr.,

Mailing Address PO Box 302

City
New LondonState
NHZip Code
03257-0302FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1056.00

Date of Receipt

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12 | | 15 | | 2017 |

Transaction ID : 41663612

Amount of Each Receipt this Period

88.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

463.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lawenda, Kenneth, Steven, Dr.,

Mailing Address 70 S Winooski Ave #166

City
Burlington

State
VT

Zip Code
05401-3898

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2017

Transaction ID : 41663663

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Blodgett, Pamela, J, Dr.,

Mailing Address 22 Carrie Ln

City
N Kingstown

State
RI

Zip Code
02852-4138

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 19 / 2017

Transaction ID : 41690208

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Martin, Jeffrey, F, Dr.,

Mailing Address 7772 E Sam Hill Pl

City
Tucson

State
AZ

Zip Code
85750-7410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 19 / 2017

Transaction ID : 41692409

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rowley, Brian, F, Dr.,

Mailing Address 619 N 330 W

City
Santaquin

State
UT

Zip Code
84655-5099

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2017

Transaction ID : 41697582

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Seim, Teresa, M, Dr.,

Mailing Address 75388 Vineyard Way

City
Lawton

State
MI

Zip Code
49065-8609

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2017

Transaction ID : 41697586

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ernst, James, Maxwell, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2166.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2017

Transaction ID : 41697589

Amount of Each Receipt this Period

166.67

☐ Memo Item

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

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

270.01

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Carlsson, Chad, Allen, Dr.,

Mailing Address 1415 S Sandstone St

City
Gilbert

State
AZ

Zip Code
85296-4370

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2017

Transaction ID : 41697593

Amount of Each Receipt this Period

30.42

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wiscount, Richard, J, Dr.,

Mailing Address 5052 Cornerstone Rd

City
Allentown

State
PA

Zip Code
18106-9461

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2017

Transaction ID : 41697596

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Way, David, M, Dr.,

Mailing Address 21702 E Yaupon Cir

City
Tomball

State
TX

Zip Code
77377-5996

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2017

Transaction ID : 41697599

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

155.42

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jones, Grant, W, Dr.,

Mailing Address 2117 Grandview Dr

City
TorringtonState
WYZip Code
82240-2638FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 20 / 2017

Transaction ID : 41697602

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lim, Thomas, L, Dr.,

Mailing Address 1136 Thorntree Ct

City
San JoseState
CAZip Code
95120-1740FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 20 / 2017

Transaction ID : 41697605

Amount of Each Receipt this Period

91.25

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Goff, Kathleen, Elaine, Dr.,

Mailing Address 114 Crested Peak Ct

City
Santa TeresaState
NMZip Code
88008-9423FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2017

Transaction ID : 41697608

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

539.59

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Greenspan, Lynn, Dana, Dr.,

Mailing Address 77 N Iroquois Ln

City

Chester Sprgs

State

PA

Zip Code

19425-2929

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2017

Transaction ID : 41697611

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Horowitz, Mitchell, Ian, Dr.,

Mailing Address 11 Truman Dr

City

Marlboro

State

NJ

Zip Code

07746-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2017

Transaction ID : 41697614

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Citek, Karl, M, Dr.,

Mailing Address PO Box 432

City

Forest Grove

State

OR

Zip Code

97116-0432

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2017

Transaction ID : 41697616

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

102.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jensen, Denmark, R, Dr.,

Mailing Address 547 S 1500 W

City
LaytonState
UTZip Code
84041-7173FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2017

Transaction ID : 41697622

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wooldridge, Robert, P, Dr.,

Mailing Address 1852 E Aintree Ave

City
DraperState
UTZip Code
84020-7711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 20 / 2017

Transaction ID : 41697624

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Earley, Michael, J, Dr.,

Mailing Address 2460 Breathstone Dr

City
PowellState
OHZip Code
43065-9591FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2017

Transaction ID : 41697627

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

172.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Baker, Janet, Carlson, Mrs.,

Mailing Address 1806 NE 112th Ave

City
PortlandState
ORZip Code
97220-1902FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oregon Optometric Physicians AssociatiOccupation (for Individual)
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2017

Transaction ID : 41697630

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Weideman, Mikel, Robert, Dr.,

Mailing Address 295 Dupont Dr

City
LanderState
WYZip Code
82520-3076FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 19 / 2017

Transaction ID : 41698421

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Baumfalk, Jeremy, D, Dr.,

Mailing Address 8201 Russwood Cir

City
LincolnState
NEZip Code
68505-2737FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 19 / 2017

Transaction ID : 41698424

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

1070.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bessler, Deborah, Kay, Dr.,

Mailing Address 740 Franklin Dr

City
Crete

State
NE

Zip Code
68333-2515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 19 / 2017

Transaction ID : 41698425

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Culbertson, Karen, Ann, Dr.,

Mailing Address 1204 N 128th Cir

City
Omaha

State
NE

Zip Code
68154-1286

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.72

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2017

Transaction ID : 41698427

Amount of Each Receipt this Period

21.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gengenbach, Eric, R, Dr.,

Mailing Address 32830 Road 761

City
Grant

State
NE

Zip Code
69140-3202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

366.72

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2017

Transaction ID : 41698430

Amount of Each Receipt this Period

33.34

☐ Memo Item

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

94.68

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gengenbach, Victoria, A, Dr.,

Mailing Address 32830 Road 761

City
Grant

State
NE

Zip Code
69140-3202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.72

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2017

Transaction ID : 41698431

Amount of Each Receipt this Period

33.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Greder, Scott, L, Dr.,

Mailing Address 20008 Dewey Ave

City
Elkhorn

State
NE

Zip Code
68022-2769

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.72

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2017

Transaction ID : 41698432

Amount of Each Receipt this Period

33.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Koeber, Donald, E, Dr.,

Mailing Address 1010 Lilac Ln

City
Wayne

State
NE

Zip Code
68787-1108

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2017

Transaction ID : 41698436

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

86.68

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McCormick, Walter, Craig, Dr.,

Mailing Address 924 Tibbals St

City
Holdrege

State
NE

Zip Code
68949-1653

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2017

Transaction ID : 41698439

Amount of Each Receipt this Period

34.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Salansky, Paul, L, Dr., Jr.

Mailing Address 2521 Whitaker Rd

City

Nebraska City

State

NE

Zip Code

68410-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.64

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2017

Transaction ID : 41698443

Amount of Each Receipt this Period

33.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Toelle, Mark, A, Dr.,

Mailing Address 16258 Craig Ave

City

Bennington

State

NE

Zip Code

68007-1885

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

366.68

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2017

Transaction ID : 41698447

Amount of Each Receipt this Period

33.33

☐ Memo Item

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

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

100.66

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vandervort, Robert, Stephen, Dr.,

Mailing Address 16019 Lake Cir

City

Omaha

State

NE

Zip Code

68116-2425

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 19 / 2017

Transaction ID : 41698448

Amount of Each Receipt this Period

33.34



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vandervort, Vicky, , Dr.,

Mailing Address 16019 Lake Cir

City

Omaha

State

NE

Zip Code

68116-2425

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 19 / 2017

Transaction ID : 41698449

Amount of Each Receipt this Period

33.34



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wright, Darren, J, Dr.,

Mailing Address 1702 M St

City

Auburn

State

NE

Zip Code

68305-2146

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

366.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 19 / 2017

Transaction ID : 41698451

Amount of Each Receipt this Period

33.34



Memo Item

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

100.02

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Arneson, Mark, Alan, Dr.,

Mailing Address 5231 Madalyn Rd

City
LincolnState
NEZip Code
68516-5337FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 19 | / | 2017 |

Transaction ID : 41698452

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Le, Anne, Huyen, Dr.,

Mailing Address 137 N Hall Dr

City

Sugar Land

State

TX

Zip Code

77478-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 20 | / | 2017 |

Transaction ID : 41698556

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Morrison, Larry, Donavon, Dr.,

Mailing Address 24130 County Road 149

City

Detroit Lakes

State

MN

Zip Code

56501-7676

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 19 | / | 2017 |

Transaction ID : 41698623

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

770.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kimball, Brad Alan, , Dr.,

Mailing Address 4458 Loma Vista Dr

City
BillingsState
MTZip Code
59106-1535FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 20 / 2017

Transaction ID : 41698654

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hammond, Paul, Chadima, Dr.,

Mailing Address 2833 Lyndale Ave S Apt 226

City

Minneapolis

State

MN

Zip Code

55408-2977

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2017

Transaction ID : 41708119

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. McMunn, Elizabeth, C, Dr.,

Mailing Address 34 Quailcrest Rd

City

East Lyme

State

CT

Zip Code

06333-1328

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2017

Transaction ID : 41708122

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

1160.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Louie, Derek, J, Dr.,

Mailing Address 3646 SW Baird St Unit 3

City
Portland

State
OR

Zip Code
97219-6061

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2017

Transaction ID : 41708123

Amount of Each Receipt this Period

84.22

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gustafson, Paul, L, Dr.,

Mailing Address 159 Sunflower St

City
Casper

State
WY

Zip Code
82604-3805

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2017

Transaction ID : 41708124

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Redman, David, M, Dr.,

Mailing Address 795 Foxhill Cir

City
Hollister

State
CA

Zip Code
95023-9747

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2017

Transaction ID : 41708125

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

214.22

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Allen, Robert, M, Dr.,

Mailing Address 22549 Howardsville Woods Ct

City
Ashburn

State
VA

Zip Code
20148-6729

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2017

Transaction ID : 41708126

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Maki, Matthew, J, Dr.,

Mailing Address 135 W Church St

City

Williamston

State

MI

Zip Code

48895-1119

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2017

Transaction ID : 41719697

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Kopolow, Harlan Kenneth, , Dr.,

Mailing Address 23 Hassayampa Trl

City

Henderson

State

NV

Zip Code

89052-6668

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2017

Transaction ID : 41719698

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

350.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Miller, Dawn, Marie, Dr.,

Mailing Address 3004 E Lake Hill Dr

City
OrangeState
CAZip Code
92867-1910FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2017

Transaction ID : 41719702

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fenno, Michael, G., Dr.,

Mailing Address 947 Westover Rd

City
ColvilleState
WAZip Code
99114-9757FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2017

Transaction ID : 41719703

Amount of Each Receipt this Period

166.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ohlsen, Nils, W, Dr.,

Mailing Address 24999 E Pine Point Ct

City
Liberty LakeState
WAZip Code
99019-6002FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2017

Transaction ID : 41719704

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

291.67

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mitzel Fenno, Cheryl, , Dr.,

Mailing Address 947 Westover Rd

City
Colville

State
WA

Zip Code
99114-9757

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2017

Transaction ID : 41719705

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fallin, Kelly, D, Dr.,

Mailing Address 2400 Glenna Goodacre Blvd Apt 2214

City
Lubbock

State
TX

Zip Code
79401-2260

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2017

Transaction ID : 41719706

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, Timothy, John, Dr.,

Mailing Address 18582 Huffs Mill Run

City
Milton

State
DE

Zip Code
19968-4534

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2017

Transaction ID : 41720013

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

250.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Doffin, Jaclyn, Elizabeth, Dr.,

Mailing Address 3324 119th Ave NE

City
BlaineState
MNZip Code
55449-7516FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 23 / 2017

Transaction ID : 41720015

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Doffin, Anthony, R, Dr.,

Mailing Address 3026 Aspen Lake Drive NE

City
BlaineState
MNZip Code
55449-7517FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 23 / 2017

Transaction ID : 41720016

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tu, Jason, , Dr.,

Mailing Address 330 K Street

City
San DiegoState
CAZip Code
92101-6959FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 23 / 2017

Transaction ID : 41720017

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

133.34

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Klein, Chad, E, Dr.,

Mailing Address 1060 S 15th Ave W

City
Newton

State
IA

Zip Code
50208-5375

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2017

Transaction ID : 41720018

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McElroy, Ted, A, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2017

Transaction ID : 41720019

Amount of Each Receipt this Period

166.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thompson, Chad, J., Dr.,

Mailing Address 409 N Western Ave

City
Beloit

State
KS

Zip Code
67420-1847

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2017

Transaction ID : 41720020

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

258.34

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ono, Curtis, A., Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2040.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2017

Transaction ID : 41720021

Amount of Each Receipt this Period

170.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Grover, Lori, L., Dr.,

Mailing Address 6686 Double Eagle Dr Apt 304

City
Woodridge

State
IL

Zip Code
60517-5430

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry,PHD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2017

Transaction ID : 41720022

Amount of Each Receipt this Period

166.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kwan, Justin, T, Dr.,

Mailing Address 3510 E Berkshire Ct Unit A

City
Orange

State
CA

Zip Code
92869-7528

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2017

Transaction ID : 41720036

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

586.67

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Alexander, Deanna, Swafford, Dr.,

Mailing Address 4127 Cedargate Dr

City
Fort Collins

State
CO

Zip Code
80526-3386

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.09

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2017

Transaction ID : 41720037

Amount of Each Receipt this Period

168.19

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Banta, Aaron, Michael, Dr.,

Mailing Address 304 S Quay St

City
Kennewick

State
WA

Zip Code
99336-1874

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2017

Transaction ID : 41720038

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Cocke, Dana, A, Dr.,

Mailing Address 5625 N 45th St

City
Tacoma

State
WA

Zip Code
98407-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

490.92

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2017

Transaction ID : 41720039

Amount of Each Receipt this Period

40.91

☐ Memo Item

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

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

259.10

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Huynh, Andy, G, Dr.,

Mailing Address 15 Teddy Dr

City
Avon

State
MA

Zip Code
02322-1151

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2017

Transaction ID : 41720040

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Carlson, Dori, M, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2017

Transaction ID : 41720042

Amount of Each Receipt this Period

166.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Toso, Jonathan, Luke, Dr.,

Mailing Address 1101 Angel Ln

City

Canton

State

SD

Zip Code

57013-2634

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2017

Transaction ID : 41720043

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

233.34

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jones, Dustin, J, Dr.,

Mailing Address 705 Taft Ave

City
Salmon

State
ID

Zip Code
83467-3256

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2017

Transaction ID : 41720044

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Beaty, Patricia, Ann, Dr.,

Mailing Address 6837 S Pine Rock Dr

City

Salt Lake Cty

State

UT

Zip Code

84121-3426

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2017

Transaction ID : 41720046

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Howe, William, A, Mr.,

Mailing Address 2852 Ketchikan Dr

City

Rocklin

State

CA

Zip Code

95765-5223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

California Optometric Assn

Occupation (for Individual)

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2017

Transaction ID : 41720049

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

325.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bollenbacher, Michael, A, Dr.,

Mailing Address 2703 Limestone Pl

City
Superior

State
CO

Zip Code
80027-6062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2017

Transaction ID : 41720050

Amount of Each Receipt this Period

17.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Easton, Robert, M, Dr., Jr.

Mailing Address 1587 NE 39th St

City

Oakland Park

State

FL

Zip Code

33334-4629

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2017

Transaction ID : 41720051

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Abert, Brian, C, Dr.,

Mailing Address 2624 E 137th Pl

City

Thornton

State

CO

Zip Code

80602-7240

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2017

Transaction ID : 41720052

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

97.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Davies, Jarrod, E, Dr.,

Mailing Address 13525 S Santa Anita Ct

City
Herriman

State
UT

Zip Code
84096-4664

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2017

Transaction ID : 41720053

Amount of Each Receipt this Period

166.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Eagles, Keirsten, D, Dr.,

Mailing Address 4048 River Rd N

City
Keizer

State
OR

Zip Code
97303-5501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2017

Transaction ID : 41720054

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jasper, April, L, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2017

Transaction ID : 41720056

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

316.67

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lin, Susan, Yean, Dr.,

Mailing Address 11 Vardon Way

City

Farmingdale

State

NJ

Zip Code

07727-3955

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2017

Transaction ID : 41720057

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hertneky, Randy, L., Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2017

Transaction ID : 41720074

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Veliky, George, W, Dr.,

Mailing Address 137 Oak Grove Ave

City

Hasbrouck Hts

State

NJ

Zip Code

07604-1225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

687.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 25 / 2017

Transaction ID : 41720252

Amount of Each Receipt this Period

83.34

☐ Memo Item

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

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

633.34

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McFerron, Ashley, K, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 25 / 2017

Transaction ID : 41720253

Amount of Each Receipt this Period

166.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gilbert-Spear, Katie, , Dr.,

Mailing Address 3735 Mackey Cove Dr

City

Pensacola

State

FL

Zip Code

32514-8152

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 25 / 2017

Transaction ID : 41720256

Amount of Each Receipt this Period

166.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Teague, Audie, M, Dr., Jr.

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 25 / 2017

Transaction ID : 41720257

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

433.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gonnason, Jeffrey, Allen, Dr.,

Mailing Address 6721 Gloucester Pl

City
AnchorageState
AKZip Code
99504-3343FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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 |
| 12 | 25 | 2017 |

Transaction ID : 41720258

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Roth, Carl, J, Dr., III

Mailing Address 113 E Oak St Ste 2C

City
BozemanState
MTZip Code
59715-2972FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12 | 25 | 2017 |

Transaction ID : 41720260

Amount of Each Receipt this Period

166.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Manning, Bruce, L, Dr.,

Mailing Address 487 Whitebark Cir

City
WadsworthState
OHZip Code
44281-2299FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

341.00

Date of Receipt

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12 | 25 | 2017 |

Transaction ID : 41720261

Amount of Each Receipt this Period

31.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

281.67

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Puckett, Frank, Edward, Dr.,

Mailing Address PO Box 509

City
Monument

State
CO

Zip Code
80132-0509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 25 / 2017

Transaction ID : 41720276

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dygert, Lincoln, Joe, Dr.,

Mailing Address 1742 East 7600 South

City
South Weber

State
UT

Zip Code
84405-9270

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2017

Transaction ID : 41720281

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Benner, Ronald, Lee, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2017

Transaction ID : 41720282

Amount of Each Receipt this Period

166.67

☐ 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:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hales, Jason, B, Dr.,

Mailing Address 212 Cayden Ct

City
Chapin

State
SC

Zip Code
29036-7136

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2017

Transaction ID : 41720283

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reed, Steven, Thomas, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2017

Transaction ID : 41720284

Amount of Each Receipt this Period

166.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Heersink, Paul, William, Dr.,

Mailing Address 2094 Us Highway 160 W

City
Monte Vista

State
CO

Zip Code
81144-9357

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2017

Transaction ID : 41720285

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

286.67

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cleveland, Trevor, J, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2017

Transaction ID : 41720286

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hobbs, Thomas, W, Dr.,

Mailing Address 13 NE 550th Rd

City

Warrensburg

State

MO

Zip Code

64093-7473

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 26 / 2017

Transaction ID : 41720287

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Casimir, Keshia, , Dr.,

Mailing Address 6015 California Ave SW 301
301

City

Seattle

State

WA

Zip Code

98136-1675

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2017

Transaction ID : 41720288

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

159.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pelson, Jeffrey, S, Dr.,

Mailing Address 2202 SE Linden Ln

City

Grants Pass

State

OR

Zip Code

97527-5293

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2017

Transaction ID : 41720289

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Carter, Randy, Bryan, Dr.,

Mailing Address 2 Longwood Ln

City

Sandy

State

UT

Zip Code

84092-4856

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2017

Transaction ID : 41720290

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Judkins, Michael, M., Dr.,

Mailing Address 2438 S 1475 W

City

Syracuse

State

UT

Zip Code

84075-8639

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2017

Transaction ID : 41720291

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

180.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moore, Thomas, W, Dr.,

Mailing Address 1409 Sweetbrier Road

City
Charleston

State
WV

Zip Code
25314-1908

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2017

Transaction ID : 41720292

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wright, Sabre, A, Dr.,

Mailing Address 1420 Walnut St

City
Harrison

State
AR

Zip Code
72601-7198

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2017

Transaction ID : 41720293

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brujic, Mile, , Dr.,

Mailing Address 1409 Kensington Blvd

City
Bowling Green

State
OH

Zip Code
43402-2188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2017

Transaction ID : 41720294

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

130.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Seeholzer, Jeff, , Dr.,

Mailing Address 996 Sunset Rdg

City
Logan

State
UT

Zip Code
84321-4966

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 26 / 2017

Transaction ID : 41720295

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Veliky, Michael, J, Dr.,

Mailing Address 787 Pony Trl

City

Franklin Lks

State
NJ

Zip Code
07417-1549

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2017

Transaction ID : 41720536

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Hendy, Caroline, L, Dr.,

Mailing Address 192 River Bend Dr

City

London

State
KY

Zip Code
40744-8847

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2017

Transaction ID : 41720542

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

250.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tope, Larry, E, Dr.,

Mailing Address PO Box 252

City
Paulding

State
OH

Zip Code
45879-0252

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2017

Transaction ID : 41720543

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hammonds, Lynn Smith, , Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.12

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2017

Transaction ID : 41720544

Amount of Each Receipt this Period

166.68

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Walker, Jared, P, Dr.,

Mailing Address 609 Diamond Dr

City
Kimberly

State
ID

Zip Code
83341-1938

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2017

Transaction ID : 41720545

Amount of Each Receipt this Period

37.50

☐ Memo Item

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

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

234.18

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)

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Anderson, David, M, Dr.,

Mailing Address 5567 Shepard Rd

City
Miamisburg

State
OH

Zip Code
45342-4728

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2017

Transaction ID : 41720547

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sirott, Michael, Justin, Dr.,

Mailing Address 3408 W Glass Ave

City
Spokane

State
WA

Zip Code
99205-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2017

Transaction ID : 41720548

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Walker, Gary, P, Dr.,

Mailing Address 1733 W Wildflower Ln

City
Twin Falls

State
ID

Zip Code
83301-3691

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2017

Transaction ID : 41720549

Amount of Each Receipt this Period

37.50

☐ Memo Item

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

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

167.50

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

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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Greene, Raymond, K, Dr.,

Mailing Address 3207 N 22nd St

City

Coeur D Alene

State

ID

Zip Code

83815-6321

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2017

Transaction ID : 41720550

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Minie, Stevin, Robert, Dr.,

Mailing Address 17601 San Fernando Mission Blvd

City

Granada Hills

State

CA

Zip Code

91344-4038

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2017

Transaction ID : 41720553

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cin, Brian, D, Dr.,

Mailing Address 17346 Alice Loop

City

Eagle River

State

AK

Zip Code

99577-7579

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2017

Transaction ID : 41720554

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

177.00

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
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McGee, Selina, Riann, Dr.,

Mailing Address 500 NW 41st St

City
Oklahoma City

State
OK

Zip Code
73118-7026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 27 / 2017

Transaction ID : 41720558

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sumner, Larry, D, Dr.,

Mailing Address 8116 E Harvard Cir

City
Denver

State
CO

Zip Code
80231-7619

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 22 / 2017

Transaction ID : 41720568

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rohler, Stefanie, L., Dr.,

Mailing Address 1000 Indigo St

City
Grundy Center

State
IA

Zip Code
50638-1065

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 22 / 2017

Transaction ID : 41720569

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2125.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kessler, Lawrence, H., Dr.,

Mailing Address 1514 W Charles St

City
Champaign

State
IL

Zip Code
61821-4427

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2017

Transaction ID : 41720571

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Peele, Rodney, , Mr, J.D.

Mailing Address 1505 Prince Street
Suite 30

City
Alexandria

State
VA

Zip Code
22314-2852

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Optometric Association

Occupation (for Individual)
Lobbyist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2017

Transaction ID : 41720594

Amount of Each Receipt this Period

160.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Willette, Matthew, B, Mr.,

Mailing Address 1505 Prince Street, Ste. 300

City
Alexandria

State
VA

Zip Code
22314-2874

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Optometric Association

Occupation (for Individual)
Director Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

661.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2017

Transaction ID : 41720595

Amount of Each Receipt this Period

160.00

☐ Memo Item

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

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

420.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pierce, Eric, Brent, Dr.,

Mailing Address 1558 Oakley Ave

City
Burley

State
ID

Zip Code
83318-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 27 / 2017

Transaction ID : 41720633

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dietz, Andrea, K, Dr.,

Mailing Address 19 Bear Dr

City

New Bremen

State

OH

Zip Code

45869-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2017

Transaction ID : 41721591

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Taylor, Mark, Allen, Dr.,

Mailing Address 527 E 1500 S

City

Kaysville

State

UT

Zip Code

84037-3032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721763

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

780.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Goodfellow, Geoffrey, W, Dr.,

Mailing Address 260 Aspen Dr

City
BeecherState
ILZip Code
60401-5123FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721764

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hodge, Paul, A, Dr.,

Mailing Address 3042 118th Ave

City
AlleganState
MIZip Code
49010-9555FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721765

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Safley, Douglas, A, Dr.,

Mailing Address 700 1st Ave

City
HavreState
MTZip Code
59501-4402FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721766

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

195.00

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

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

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Munson, Karoline, L, Dr.,

Mailing Address 16 Glencove St

City
Frankfort

State
KY

Zip Code
40601-4842

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
 12 / 28 / 2017

Transaction ID : 41721769

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Davis, Larry, J, Dr.,

Mailing Address 43 Bonhomme Richard Ct

City

Saint Charles

State

MO

Zip Code

63303-1761

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 28 / 2017

Transaction ID : 41721772

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McMahon, Janice, M, Dr.,

Mailing Address 308 Vernon Ave

City

Wheaton

State

IL

Zip Code

60187-4643

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 28 / 2017

Transaction ID : 41721773

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

290.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Loomis, Zoey, K, Dr.,

Mailing Address 3750 Highway 144

City
WeldonaState
COZip Code
80653-9107FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 28 | | 2017 |

Transaction ID : 41721774

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gilbert, Diana, W, Dr.,

Mailing Address 8050 S Port Dr

City
West ChesterState
OHZip Code
45069-9234FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 28 | | 2017 |

Transaction ID : 41721775

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barr, Nancy, S, Dr.,

Mailing Address 435 Conservatory Pt

City
FayettevilleState
GAZip Code
30215-8609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 28 | | 2017 |

Transaction ID : 41721776

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

133.34

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thau, Andrea, Penny, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721777

Amount of Each Receipt this Period

166.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gauker, Daniel, L, Dr.,

Mailing Address 815 W Fulton St Ste 3

City
Waupaca

State
WI

Zip Code
54981-1405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721778

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Browning, Gregory, Allen, Dr.,

Mailing Address 912 Oak St

City
Kenova

State
WV

Zip Code
25530-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721779

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

286.67

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Robinson, Shelby, D, Dr.,

Mailing Address 3939 62nd Ave E

City
Fife

State
WA

Zip Code
98424-2377

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721780

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Patrick, Carey, A, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721781

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Franklin, Shannon, C, Dr.,

Mailing Address 427 Cranberry Ln

City
Crozet

State
VA

Zip Code
22932-3160

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721782

Amount of Each Receipt this Period

71.76

☐ Memo Item

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

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

191.76

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gee, Christopher, Ryan, Dr.,

Mailing Address 6943 Darian Ct

City
DublinState
CAZip Code
94568-1740FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 28 | / | 2017 |

Transaction ID : 41721783

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brillante, Thomas, C, Dr.,

Mailing Address 2855 Alston Dr SE

City
AtlantaState
GAZip Code
30317-3323FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 28 | / | 2017 |

Transaction ID : 41721784

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fair, Rodney, D., Dr.,

Mailing Address 1169 Coneflower Way

City
BrightonState
COZip Code
80601-6785FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.04

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 28 | / | 2017 |

Transaction ID : 41721787

Amount of Each Receipt this Period

41.67

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

311.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barnes, Jason, D, Dr.,

Mailing Address 1428 Mckittrick St Apt 2

City

Wenatchee

State

WA

Zip Code

98801-1186

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 28 | | 2017 |

Transaction ID : 41721788

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Newman, Clarke, Douglas, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 28 | | 2017 |

Transaction ID : 41721789

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zolman, Jennifer, Smith, Dr.,

Mailing Address 141 Sea Cotton Cir

City

Charleston

State

SC

Zip Code

29412-8296

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.04

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 28 | | 2017 |

Transaction ID : 41721790

Amount of Each Receipt this Period

41.67

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

316.67

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 136 OF 171

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jones, Jeffrey, William, Dr.,

Mailing Address 107 Northcastle St

City
LongviewState
TXZip Code
75604-3544FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721791

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McDowell, Gavin, , Dr.,

Mailing Address 2508 Rosewood Cir

City
JonesboroState
ARZip Code
72401-5936FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721792

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, Michael, K, Dr.,

Mailing Address 1239 Goggin Ln

City
DanvilleState
KYZip Code
40422-9366FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721793

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

330.00

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

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

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cooper, Jan, Louise, Dr.,

Mailing Address 101 Chandler W

City
HighlandState
CAZip Code
92346-5482FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721794

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tate, Kyle, N, Dr.,

Mailing Address 4860 E 181st St S

City
BixbyState
OKZip Code
74008-5751FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721796

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Obradovic, Ivana, V, Dr.,

Mailing Address 200 LESLIE DR
APT 301City
HALLANDALE BEACHState
FLZip Code
33009-7312FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721797

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

250.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kennedy, Caleb, J, Dr.,

Mailing Address 20291 NW 10th St

City

Pembroke Pines

State

FL

Zip Code

33029-3429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721798

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jones, Cody, E, Dr.,

Mailing Address 351 W 300 N

City

Blackfoot

State

ID

Zip Code

83221-5461

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721799

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pockl, John Scott, , Dr.,

Mailing Address 109 Harding Ave

City

Wheeling

State

WV

Zip Code

26003-5416

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721800

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

133.34

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kim, Dong Hyun, , Dr.,

Mailing Address 160 Morgan St Apt 306

City
Jersey City

State
NJ

Zip Code
07302-6238

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721801

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dorse, Jennine, R, Dr.,

Mailing Address 100 Barron Cir Apt 3106

City
Somerset

State
NJ

Zip Code
08873-3555

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721802

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Coyle, Daniel, Dawson, Dr.,

Mailing Address 310 Tea Farm Rd

City
Summerville

State
SC

Zip Code
29483-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 28 / 2017

Transaction ID : 41721803

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

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

175.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Weeden, Michael, Leslie, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 28 / 2017

Transaction ID : 41721804

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Richman, Maria, Santullo, Dr.,

Mailing Address 136 Main St

City

Manasquan

State

NJ

Zip Code

08736-3558

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 28 / 2017

Transaction ID : 41721805

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Richman, Harvey, B, Dr.,

Mailing Address 136 Main St

City

Manasquan

State

NJ

Zip Code

08736-3558

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 28 / 2017

Transaction ID : 41721806

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

283.34

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

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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mermelstein, Jack, Sol, Dr.,

Mailing Address 38-63 Dauria Dr

City
Fair Lawn

State
NJ

Zip Code
07410-5104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721807

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sholomon, Robert, , Dr.,

Mailing Address 269 Walton St

City
Englewood

State
NJ

Zip Code
07631-5016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721808

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kraus, Lesley, Jane, Dr.,

Mailing Address 16 Emerson Dr

City
Morganville

State
NJ

Zip Code
07751-1509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721809

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brandys, Vincent, W, Dr., Jr.

Mailing Address 1833 Wildberry Dr Unit A

City
GlenviewState
ILZip Code
60025-1736FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

617.00

Date of Receipt

| | | |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 12 | 28 | 2017 |

Transaction ID : 41721810

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Panaretos, Harryjohn, , Dr.,

Mailing Address 213 Larch Ln

City

Mahwah

State

NJ

Zip Code

07430-2071

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 12 | 28 | 2017 |

Transaction ID : 41721811

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hodle, Mary, Ann, Dr.,

Mailing Address 193 Tenby Chase Dr Apt 312W

City

Delran

State

NJ

Zip Code

08075-2531

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 12 | 28 | 2017 |

Transaction ID : 41721812

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

134.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hrymack, Kyle, Nicholas, Dr.,

Mailing Address 319 Madison Ct

City
Brick

State
NJ

Zip Code
08724-1628

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721813

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Davis, James, R, Dr.,

Mailing Address 2724 Surrey Ln

City

Idaho Falls

State
ID

Zip Code
83404-7143

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721814

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gordon, Sarah, C, Dr.,

Mailing Address 252 Inverness Center Dr

City

Birmingham

State
AL

Zip Code
35242-4834

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721815

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

120.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kraupa, Gregory, W., Dr.,

Mailing Address 1965 11th Ave E Ste 101

City
Maplewood

State
MN

Zip Code
55109-5168

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721816

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nehring, Scott, Leonard, Dr.,

Mailing Address 32840 S Meridian Rd

City
Woodburn

State
OR

Zip Code
97071-8768

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721817

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lee, Mark, R, Dr.,

Mailing Address PO Box 184

City
Blue Diamond

State
NV

Zip Code
89004-0184

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721819

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

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

129.00

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hayden, Jeff, A, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721820

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cook, David, Scott, Dr.,

Mailing Address 6460 Devon Ln

City
Cadillac

State
MI

Zip Code
49601-9549

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721821

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Planitz, Jennifer, L, Dr.,

Mailing Address 3537 Newcastle Dr SE

City
Rio Rancho

State
NM

Zip Code
87124-3672

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721822

Amount of Each Receipt this Period

416.66

☐ Memo Item

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

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

541.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Knotts, Marjorie, Jane, Dr.,

Mailing Address 6120 Guilford Ave

City
IndianapolisState
INZip Code
46220-1940FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 28 | | 2017 |

Transaction ID : 41721825

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mearsha, Ronald, L, Dr.,

Mailing Address 224 N 54th Ave

City
GreeleyState
COZip Code
80634-4253FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 28 | | 2017 |

Transaction ID : 41721826

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kehoe, Peter, H, Dr.,

Mailing Address 521 N Soangetaha Rd

City
GalesburgState
ILZip Code
61401-5588FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 28 | | 2017 |

Transaction ID : 41721827

Amount of Each Receipt this Period

175.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

255.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Eischens, George, N, Dr.,

Mailing Address 810 Wynwood Dr

City
Prattville

State
AL

Zip Code
36067-2013

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721828

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Anderson, Stuart, I, Dr.,

Mailing Address 3731 W Lilac Heights Dr

City

South Jordan

State

UT

Zip Code

84095-5100

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721829

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bruderer, Paul, C, Dr.,

Mailing Address 385 Miller Way

City

Farmington

State

UT

Zip Code

84025-4508

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721830

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

105.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bowker, Scott, Alan, Dr.,

Mailing Address 1618 Northwood Dr

City
DenisonState
IAZip Code
51442-1084FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721832

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Santelli, Natalie, Christine, Dr.,

Mailing Address 2027 Hyline Dr

City

Fort Collins

State

CO

Zip Code

80526-2231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721833

Amount of Each Receipt this Period

30.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. White, Brenden, R, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721834

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

175.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 149 OF 171
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ferree Carney, Shea, Brooke, Dr.,

Mailing Address 4127 Emerald Pines Dr

City

Commerce Township

State

MI

Zip Code

48390-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 28 | | 2017 |

Transaction ID : 41721836

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Drees, Adam, Joseph, Dr.,

Mailing Address 6607 Brodie Ln Apt 1336

City

Austin

State

TX

Zip Code

78745-4656

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 28 | | 2017 |

Transaction ID : 41721837

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Swiecicki, Mira, B, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Aggregate Year-to-Date ▼

2004.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 28 | | 2017 |

Transaction ID : 41721838

Amount of Each Receipt this Period

167.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

275.34

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hansen, Mark, David, Dr.,

Mailing Address 1887 N Isett Ave

City
Muscatine

State
IA

Zip Code
52761-9747

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
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
12 / 28 / 2017

Transaction ID : 41721840

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hicks, Jesse, S, Dr.,

Mailing Address 3240 Huntington Place Dr

City
Sarasota

State
FL

Zip Code
34237-3800

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41721841

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Orson, David, Edward, Dr.,

Mailing Address 4247 SW Flintrock Dr

City
Lees Summit

State
MO

Zip Code
64082-4840

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2017

Transaction ID : 41721864

Amount of Each Receipt this Period

60.83

☐ Memo Item

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

227.50

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

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hess, Stephen, Edward, Dr.,

Mailing Address 58 Brookwood Rd

City
Ivlyland

State
PA

Zip Code
18974-1266

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41722451

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fields, Chris, R, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2004.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41722454

Amount of Each Receipt this Period

167.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tillman, James, H, Dr., Jr.

Mailing Address 14330 Heath River Falls Rd

City
Andalusia

State
AL

Zip Code
36421-1981

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41722456

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

692.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Determan, Thomas, F, Dr.,

Mailing Address 800 E Country Club Dr
Unit 16

City
Yuma

State
AZ

Zip Code
85365-3416

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41722459

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Horak, Ivo, , Dr.,

Mailing Address 4366 Cooper Oaks Dr SE

City

Smyrna

State

GA

Zip Code

30082-4766

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2017

Transaction ID : 41722553

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Toon, Julie, A., Dr.,

Mailing Address 2204 N Longwood Cir

City

Wichita

State

KS

Zip Code

67226-1157

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2017

Transaction ID : 41722567

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

2075.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gurley, Richard, Dean, Dr.,

Mailing Address 800 S Promise Land Rd

City
Blytheville

State
AR

Zip Code
72315-7746

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2017

Transaction ID : 41722760

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bailey, Steven Glenn, , Dr.,

Mailing Address 6311 Highland Dr

City
Huntington

State
WV

Zip Code
25705-2355

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2017

Transaction ID : 41722830

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Wong, Gilbert, Grant, Dr.,

Mailing Address 7810 W Maui Ln

City
Peoria

State
AZ

Zip Code
85381-3414

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2017

Transaction ID : 41722834

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1100.00

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)

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stauder, Paul, Bryan, Dr.,

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 (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2017

Transaction ID : 41723045

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Eckroth, Craig, Timothy, Dr.,

Mailing Address 780 Finley Ln

City
Craig

State
CO

Zip Code
81625-3237

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2017

Transaction ID : 41723047

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Eckroth, Craig, Timothy, Dr.,

Mailing Address 780 Finley Ln

City
Craig

State
CO

Zip Code
81625-3237

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2017

Transaction ID : 41723048

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

390.00

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

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

FOR LINE NUMBER: PAGE 155 OF 171

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Eckroth, Craig, Timothy, Dr.,

Mailing Address 780 Finley Ln

City
Craig

State
CO

Zip Code
81625-3237

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 30 / 2017

Transaction ID : 41723050

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gelfond-Polnariiev, Ilana, , Dr.,

Mailing Address 441 Virginia Ave

City

Staten Island

State
NY

Zip Code
10305-1652

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2017

Transaction ID : 41723054

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Chow, Jennifer, , Dr.,

Mailing Address 6935 Aliante Pkwy Ste 102

City

N Las Vegas

State
NV

Zip Code
89084-5819

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2017

Transaction ID : 41723056

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

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

2300.00

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

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

FOR LINE NUMBER: PAGE 156 OF 171

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wasserstein, Jonathan, C, Dr.,

Mailing Address 184 S Livingston Ave Ste 8

City
Livingston

State
NJ

Zip Code
07039-3013

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 31 / 2017

Transaction ID : 41723071

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Upchurch, Gary, Walter, Dr.,

Mailing Address 216 Oak St

City
Byrdstown

State
TN

Zip Code
38549-2444

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2017

Transaction ID : 41723238

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Baxter, Richard, , Dr.,

Mailing Address 3326 Madrona Beach Rd NW

City
Olympia

State
WA

Zip Code
98502-8868

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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
12 / 28 / 2017

Transaction ID : 41723242

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

950.00

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

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

FOR LINE NUMBER: PAGE 157 OF 171
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Farias, Fred, , Dr., III

Mailing Address 1308 S Cynthia St

City
McAllen

State
TX

Zip Code
78501-1114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2017

Transaction ID : 41723244

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Crist, Troy, W, Dr.,

Mailing Address 1180 College Dr

City

Madisonville

State

KY

Zip Code

42431-9181

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2017

Transaction ID : 41723251

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hendrick, Joanne, , Dr.,

Mailing Address PO Box 509

City

Monument

State

CO

Zip Code

80132-0509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2017

Transaction ID : 41723252

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Belanger, James, R, Dr.,

Mailing Address 5 Carters Ln

City
NewingtonState
NHZip Code
03801-2703FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 29 | | 2017 |

Transaction ID : 41723257

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Daldine, Christopher, J, Dr.,

Mailing Address 62 Bartemus Trl

City
NashuaState
NHZip Code
03063-7601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 29 | | 2017 |

Transaction ID : 41723264

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shippee, Samuel, P, Dr.,

Mailing Address 654 Penny Ln

City
DanvilleState
VTZip Code
05828-6804FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 29 | | 2017 |

Transaction ID : 41723301

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

150.00

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

77549.35

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <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
McLeanState
VAZip Code
22102Purpose of Disbursement
Bank Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 1 | 1 | | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C

Transaction ID : 41649029

Amount of Each Disbursement this Period

626.68

Bank Fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 790251

City
St. LouisState
MOZip Code
63179Purpose of Disbursement
Visa/Master Bank Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 0 | 4 | | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C

Transaction ID : 41723109

Amount of Each Disbursement this Period

1665.83

Visa/Master Bank Fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 790251

City
St. LouisState
MOZip Code
63179Purpose of Disbursement
American Express Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 0 | 5 | | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C

Transaction ID : 41723110

Amount of Each Disbursement this Period

331.64

American Express Fees

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2624.15

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 160 OF 171

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <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. LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 12 | | 15 | | 2017 |

FEC Identification Number

C

Transaction ID : 41723111

Amount of Each Disbursement this Period

85.79

Bank Fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| | | | | |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| | | | | |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

85.79

2709.94

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 161 OF 171

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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dino For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 01 | / | 2017 |

Mailing Address 1420 Nw Gilman Blvd.
Pmb 2661City
IssaquahState
WAZip Code
98027Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rossi, Dino, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 08

FEC Identification Number

C C00656371**Transaction ID : 41616666**

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pascrell For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 05 | / | 2017 |

Mailing Address Pob 100

City
TeaneckState
NJZip Code
07666Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Pascrell, William, J., Rep., Jr.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 09

FEC Identification Number

C C00313510**Transaction ID : 41618387**

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ted Yoho For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 05 | / | 2017 |

Mailing Address 5745 Sw 75th Street, #283

City
GainesvilleState
FLZip Code
32608Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Yoho, Theodore, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 03

FEC Identification Number

C C00494583**Transaction ID : 41618388**

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

☐ Memo Item**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 PageFOR LINE NUMBER:
(check only one)

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| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <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. Progressive Choices PAC

Mailing Address PO Box 58

City
EvanstonState
ILZip Code
60204Purpose 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

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | | 05 | | | | 2017 | | | | | |

FEC Identification Number

C

Transaction ID : 41618391

Amount of Each Disbursement this Period

3000.00

Committee Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VoteVets PAC

Mailing Address P.O. Box75357

City
WashingtonState
DCZip Code
20013Purpose 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

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | | 05 | | | | 2017 | | | | | |

FEC Identification Number

C

Transaction ID : 41618392

Amount of Each Disbursement this Period

2500.00

Committee Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ratcliffe For CongressMailing Address 2931 Ridge Road, Suite 101
Pmb #217City
RockwallState
TXZip Code
75032Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Ratcliffe, John, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 04

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | | 05 | | | | 2017 | | | | | |

FEC Identification Number

C

C00554113

Transaction ID : 41618393

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

☐ Memo Item**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 PageFOR LINE NUMBER:
(check only one)

PAGE 163 OF 171

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <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. Mike Bishop For Congress

Mailing Address PO Box 1148

City
BrightonState
MIZip Code
48116Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Bishop, Michael, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 08

Date of Disbursement

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|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
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| 12 | | | | 05 | | | | 2017 | | | | | |

FEC Identification Number

C C00561001

Transaction ID : 41618394

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Donovan For Congress

Mailing Address 440 Leverett Avenue

City
Staten IslandState
NYZip Code
10308Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Donovan, Daniel, , Rep., Jr.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 11

Date of Disbursement

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|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | | 05 | | | | 2017 | | | | | |

FEC Identification Number

C C00571869

Transaction ID : 41618405

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens For BoyleMailing Address 499 S. Capitol St. Sw
Suite 422City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Boyle, Brendan, F, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 13

Date of Disbursement

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|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | | 05 | | | | 2017 | | | | | |

FEC Identification Number

C C00543363

Transaction ID : 41618406

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6500.00

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 PageFOR LINE NUMBER:
(check only one)

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| | | | | |
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| <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. Bluegrass Committee

Mailing Address Post Office Box 3932

City
LouisvilleState
KYZip Code
40201Purpose 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

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 0 | 6 | | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C

Transaction ID : 41619613

Amount of Each Disbursement this Period

5000.00

Committee Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Collins For Congress

Mailing Address PO Box 386

City
ClarenceState
NYZip Code
14031Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Collins, Christopher, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 27

Date of Disbursement

| | | | | | | | | | | | | | |
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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 1 | 1 | | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C C00520379

Transaction ID : 41633856

Amount of Each Disbursement this Period

687.50

Candidate Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Collins For Congress

Mailing Address PO Box 386

City
ClarenceState
NYZip Code
14031Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Collins, Christopher, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY

District: 27

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 1 | 1 | | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C C00520379

Transaction ID : 41633857

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7687.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <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. Young For Iowa, Inc.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 11 | | 2017 |

Mailing Address PO Box 162

City
Van MeterState
IAZip Code
50261Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Young, David, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: IA

District: 03

FEC Identification Number

C C00545616

Transaction ID : 41633858

Amount of Each Disbursement this Period

3000.00

Candidate Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Volunteers For Shimkus

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 11 | | 2017 |

Mailing Address PO Box 661

City
CollinsvilleState
ILZip Code
62234Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Shimkus, John, M., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 15

FEC Identification Number

C C00258855

Transaction ID : 41633859

Amount of Each Disbursement this Period

3000.00

Candidate Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Walberg For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 11 | | 2017 |

Mailing Address PO Box 1362

City
JacksonState
MIZip Code
49204Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Walberg, Tim, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 07

FEC Identification Number

C C00390724

Transaction ID : 41633860

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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| <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. Mike Bost For Congress Committee

Mailing Address PO Box 1212

City
MurphysboroState
ILZip Code
62966Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Bost, Mike, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 12

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | | 11 | | | | 2017 | | | | | |

FEC Identification Number

C C00546499

Transaction ID : 41633861

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mcnerney For Congress

Mailing Address P.O. Box 690371

City
StocktonState
CAZip Code
95269Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

McNerney, Jerry, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 09

Date of Disbursement

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|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | | 12 | | | | 2017 | | | | | |

FEC Identification Number

C C00398644

Transaction ID : 41647249

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kurt Schrader For Congress

Mailing Address PO Box 3314

City
Oregon CityState
ORZip Code
97045Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Schrader, Kurt, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: OR

District: 05

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 12 | | | | 13 | | | | 2017 | | | | | |

FEC Identification Number

C C00446906

Transaction ID : 41649321

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | |
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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <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. Chuck Fleischmann For Congress Committee, Inc.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 13 | | 2017 |

Mailing Address P.O. Box 11091

City
ChattanoogaState
TNZip Code
37401Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Fleischmann, Chuck, J., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN

District: 03

FEC Identification Number

C C00461822

Transaction ID : 41649325

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Johnson For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 13 | | 2017 |

Mailing Address PO Box 906

City
MariettaState
OHZip Code
45750Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Johnson, Bill, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH

District: 06

FEC Identification Number

C C00476820

Transaction ID : 41649328

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Nydia M. Velazquez To Congre

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | | 15 | | 2017 |

Mailing Address 315 Inspiration Lane

City
GaithersburgState
MDZip Code
20878Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Velazquez, Nydia, M., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 07

FEC Identification Number

C C00271312

Transaction ID : 41652690

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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| <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. Billy Long For Congress

Mailing Address 3246 E Ridgeview St

City
SpringfieldState
MOZip Code
65804Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Long, Billy, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO

District: 07

Date of Disbursement

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FEC Identification Number

C C00460063**Transaction ID : 41663395**

Amount of Each Disbursement this Period

3000.00

Candidate Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ron Johnson For Senate Inc

Mailing Address 138 Conant Street 2nd Floor

City
BeverlyState
MAZip Code
01915Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Johnson, Ron, , Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify)

State: WI

District:

2016 General Debt Re

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 1 | 8 | | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C C00482984**Transaction ID : 41663399**

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Elizabeth Esty

Mailing Address PO Box 61

City
CheshireState
CTZip Code
06410Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Esty, Elizabeth, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CT

District: 05

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 2 | 0 | | | 2 | 0 | 1 | 7 | | |

FEC Identification Number

C C00494203**Transaction ID : 41698688**

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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| <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. Courtney For Congress

Mailing Address PO Box 1372

City
VernonState
CTZip Code
06066Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Courtney, Joseph, D., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☐ General
☒ Other (specify) ▼

Convention2018

State: CT

District: 02

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | | 2 | 0 | | | | | 2 | 0 | 17 |

FEC Identification Number

C C00410233**Transaction ID : 41698689**

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Chris Murphy

Mailing Address PO Box 127

City
CheshireState
CTZip Code
06410Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Murphy, Christopher, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify)

State: CT

District:

Date of Disbursement

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| 1 | 2 | | | | 2 | 0 | | | | | 2 | 0 | 17 |

FEC Identification Number

C C00492645**Transaction ID : 41698691**

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Greg For MontanaMailing Address PO Box 877
400 N CaliforniaCity
HelenaState
MTZip Code
59624Purpose of Disbursement
Void

011

Candidate Name

Gianforte, Greg, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2017

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District: 00

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | | 2 | 9 | | | | | 2 | 0 | 17 |

FEC Identification Number

C C00631945**Transaction ID : 41724664**

Amount of Each Disbursement this Period

- 2000.00

Void

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 170 OF 171

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <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. Diane Black For Congress

Mailing Address PO Box 1437

City
GallatinState
TNZip Code
37066Purpose of Disbursement
Void

011

Category/
Type

Candidate Name

Black, Diane, , Rep.,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

State: TN

District: 06

Date of Disbursement

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| 12 | | 29 | | 2017 |

FEC Identification Number

C C00472878

Transaction ID : 41724665

Amount of Each Disbursement this Period

- 5000.00

Void

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. McMorris Rodgers American Dream Project; The

Mailing Address P.O. Box 2485

City
SpringfieldState
VAZip Code
22152Purpose of Disbursement
Void

011

Category/
Type

Candidate Name

McMorris Rodgers American Dream Project; The

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify)

State:

District:

Date of Disbursement

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| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 29 | | 2017 |

FEC Identification Number

C

Transaction ID : 41724666

Amount of Each Disbursement this Period

- 1000.00

Void

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tiberi For CongressMailing Address 2931 E Dublin Granville Road
Suite 190City
ColumbusState
OHZip Code
43231Purpose of Disbursement
Void

011

Category/
Type

Candidate Name

Tiberi, Pat, J., Rep.,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

State: OH

District: 12

Date of Disbursement

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| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 29 | | 2017 |

FEC Identification Number

C C00347492

Transaction ID : 41724667

Amount of Each Disbursement this Period

- 2000.00

Void

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 8000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 171 OF 171

| | | | | |
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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <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. Donald M Payne Jr For Congress

Mailing Address PO Box 2406

City
NewarkState
NJZip Code
07114Purpose of Disbursement
Void

011

Category/
Type

Candidate Name

Payne, Donald, , , Jr.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District: 10

Date of Disbursement

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| 12 | | 29 | | 2017 |

FEC Identification Number

C C00519355

Transaction ID : 41725052

Amount of Each Disbursement this Period

- 2000.00

Void

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 2000.00

51687.50