

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 39 OF 60
(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. Ono, Curtis, A., Dr.,

Mailing Address 822 W Barrett St

City
SeattleState
WAZip Code
98119-1829FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.50

Date of Receipt

M M	D D	Y Y Y Y
02	24	2020

Transaction ID : 44561688

Amount of Each Receipt this Period

146.25

☐ Memo Item

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

B. Spear, Carl, H, Dr., Jr.

Mailing Address 6201 South Fwy # TC-44

City
Fort WorthState
TXZip Code
76134-2001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M	D D	Y Y Y Y
02	23	2020

Transaction ID : 44561712

Amount of Each Receipt this Period

167.00

☐ Memo Item

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

C. Stover, Donald, Edward, Dr.,

Mailing Address 2558 W White Chapel Ave

City
PortervilleState
CAZip Code
93257-6926FEC ID number of contributing
federal political committee.

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
02	22	2020

Transaction ID : 44561727

Amount of Each Receipt this Period

500.00

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

813.25

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