



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**American Optometric Association Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		493826.10
(b) Cash on Hand at Beginning of Reporting Period.....	460056.36	
(c) Total Receipts (from Line 19) .....	72882.90	266618.06
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	532939.26	760444.16
7. Total Disbursements (from Line 31).....	71809.40	299314.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	461129.86	461129.86
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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  
04 / 01 / 2018 To: M M / D D / Y Y Y Y  
04 / 30 / 2018

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).....	58523.91	175453.60
(ii) Unitemized .....	14300.78	91048.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	72824.69	266501.85
(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) .....	72824.69	266501.85
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	58.21	116.21
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)).....▶	72882.90	266618.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	72882.90	266618.06

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2846.90	11151.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2846.90	11151.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	68562.50	287762.50
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 .....	400.00	400.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	400.00	400.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
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)) ..	71809.40	299314.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71809.40	299314.30

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	72824.69	266501.85
34. Total Contribution Refunds (from Line 28(d)) .....	400.00	400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	72424.69	266101.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2846.90	11151.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2846.90	11151.80

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Caldwell, Gregory, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 Terrace Dr

City Lilly	State PA	Zip Code 15938-5819
---------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.68

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		01		2018

**Transaction ID : 42063768**

Amount of Each Receipt this Period  
166.67

Memo Item

**B. Munson, Mitchell, Todd, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
667.76

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		01		2018

**Transaction ID : 42063769**

Amount of Each Receipt this Period  
166.94

Memo Item

**C. Wartman, Rebecca, Hensley, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 51 Gash Farm Road

City Asheville	State NC	Zip Code 28805-2709
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FEC ID number of contributing federal political committee. **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
04		01		2018

**Transaction ID : 42063773**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	433.61
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Hom, Gregory, G, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6308 Bunche Way

City San Diego	State CA	Zip Code 92122-2216
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FEC ID number of contributing federal political committee. **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
04		01		2018

**Transaction ID : 42063785**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Wood, Amanda, Anne, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12170 J Ave

City Iowa Falls	State IA	Zip Code 50126-8808
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FEC ID number of contributing federal political committee. **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
04		02		2018

**Transaction ID : 42063788**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Hopping, Ronald, Lee, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1801 Creekside Dr

City Friendswood	State TX	Zip Code 77546-7821
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry,MPH
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
666.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2018

**Transaction ID : 42063789**

Amount of Each Receipt this Period  
166.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	666.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Beyer, Dirk, Michael, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 709 S 5th St

City Hamilton	State MT	Zip Code 59840-2755
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2018

**Transaction ID : 42063791**

Amount of Each Receipt this Period  
166.67

Memo Item

**B. Pederson, Jon, Frederick, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1416 S Columbine St

City Denver	State CO	Zip Code 80210-2419
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FEC ID number of contributing federal political committee. **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 M	/	D D D	/	Y Y Y Y Y Y
04		02		2018

**Transaction ID : 42063792**

Amount of Each Receipt this Period  
85.00

Memo Item

**C. DeVleming, James, P, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 670 SE Meadow Vale Dr

City Pullman	State WA	Zip Code 99163-2445
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
668.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2018

**Transaction ID : 42063794**

Amount of Each Receipt this Period  
167.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	418.67
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Jones, Avery, T, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1386 S 38th St

City Grand Forks	State ND	Zip Code 58201-3708
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2018

**Transaction ID : 42063897**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Thibault, Seth, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 707 Lawrence St

City Pratt	State KS	Zip Code 67124-1435
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FEC ID number of contributing federal political committee. **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
04		02		2018

**Transaction ID : 42063945**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Meier, Stacey, J, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 604 E Yearling Rd

City Phoenix	State AZ	Zip Code 85085-1817
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2018

**Transaction ID : 42070836**

Amount of Each Receipt this Period  
2000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Davis, Lynn, Annette, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6546 Jacal Ct NW

City Albuquerque	State NM	Zip Code 87114-6120
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FEC ID number of contributing federal political committee. **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
04		03		2018

**Transaction ID : 42077949**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Chous, Linda, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1295 W Royal Oaks Dr

City Shoreview	State MN	Zip Code 55126-8478
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FEC ID number of contributing federal political committee. **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 M	/	D D D	/	Y Y Y Y Y Y
04		03		2018

**Transaction ID : 42077950**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. Lickteig, Benjamin, T, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 Johns Ave

City Medfield	State MA	Zip Code 02052-1716
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
471.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2018

**Transaction ID : 42078228**

Amount of Each Receipt this Period  
471.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	771.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Read, Margaret, Smith, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5484 Midship Ct

City Burke	State VA	Zip Code 22015-1932
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FEC ID number of contributing federal political committee. **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
04		04		2018

**Transaction ID : 42078772**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Burks, Scott, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1351

City Buffalo	State MO	Zip Code 65622-1351
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
404.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2018

**Transaction ID : 42078774**

Amount of Each Receipt this Period  
101.00

Memo Item

**C. Crigler, Amy, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108 Langston Cv

City Starkville	State MS	Zip Code 39759-4242
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FEC ID number of contributing federal political committee. **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
04		04		2018

**Transaction ID : 42085458**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	701.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Yadon, James, Travis, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2109 Avian Way

City Oklahoma City	State OK	Zip Code 73170-3436
-----------------------	-------------	------------------------

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

Name of Employer (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
04		05		2018

**Transaction ID : 42089302**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Furman, Donald, W, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3150 Taylor Ave

City Forest City	State IA	Zip Code 50436-8028
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.32

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		05		2018

**Transaction ID : 42089306**

Amount of Each Receipt this Period  
83.33

Memo Item

**C. Moser, Rhonda, F, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
333.36

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		05		2018

**Transaction ID : 42089308**

Amount of Each Receipt this Period  
83.34

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	416.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Fruge, Sarah, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
333.36

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		05		2018

**Transaction ID : 42089309**

Amount of Each Receipt this Period  
83.34

Memo Item

**B. Dorius, Michael, Charles, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 348 S 525 W

City Hurricane	State UT	Zip Code 84737-3252
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FEC ID number of contributing federal political committee. **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
04		05		2018

**Transaction ID : 42089311**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Boren, R., Andrew, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2315 Blue Canyon Ct

City Reno	State NV	Zip Code 89523-6234
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		05		2018

**Transaction ID : 42089312**

Amount of Each Receipt this Period  
125.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	508.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Eddy, Christopher, L, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
333.36

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		05		2018

**Transaction ID : 42089314**

Amount of Each Receipt this Period  
83.34

Memo Item

**B. Savarno, Edward, B, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 144 Linden Ave

City Charleroi	State PA	Zip Code 15022-1113
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.68

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		05		2018

**Transaction ID : 42089315**

Amount of Each Receipt this Period  
166.67

Memo Item

**C. Jones, Kimberly, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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
04		05		2018

**Transaction ID : 42089316**

Amount of Each Receipt this Period  
51.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	301.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Esarey, Mark, D, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1680 State Highway 130

City Charleston	State IL	Zip Code 61920-6752
--------------------	-------------	------------------------

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

Name of Employer (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
04		06		2018

**Transaction ID : 42091927**

Amount of Each Receipt this Period  
125.00

Memo Item

**B. Hays, David, S, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
336.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		06		2018

**Transaction ID : 42091931**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Brauns, Renee, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12792 Bennington Common Lane

City Saint Louis	State MO	Zip Code 63146-2562
---------------------	-------------	------------------------

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

Name of Employer (for Individual) American Optometric Association	Occupation (for Individual) Associate 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
04		06		2018

**Transaction ID : 42091934**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	709.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Heitmeier, David, R, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Eagle Point Dr  
 City New Orleans State LA Zip Code 70131-3380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2500.00

Date of Receipt 04 / 04 / 2018  
**Transaction ID : 42092020**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Broome, Paul, Wesley, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3817 Inverness Way  
 City Martinez State GA Zip Code 30907-9406  
 FEC ID number of contributing federal political committee. **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 04 / 04 / 2018  
**Transaction ID : 42092021**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. McCaulley, Russell, L., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 181 NE 20 Rd  
 City Great Bend State KS Zip Code 67530-9257  
 FEC ID number of contributing federal political committee. **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 04 / 04 / 2018  
**Transaction ID : 42092022**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3165.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Premer, Chad, T., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 228 Cardinal Ln

City Great Bend	State KS	Zip Code 67530-9260
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04	/	04	/	2018

**Transaction ID : 42092023**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Cid, Cynthia, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7127 Buckoak Ct

City Colorado Spgs	State CO	Zip Code 80927-4018
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04	/	06	/	2018

**Transaction ID : 42093646**

Amount of Each Receipt this Period  
600.00

Memo Item

**C. Pate, Caroline, Beesley, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1716 University Blvd

City Birmingham	State AL	Zip Code 35233-1816
--------------------	-------------	------------------------

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  General  
 Other (specify)

Aggregate Year-to-Date ▼  
254.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2018

**Transaction ID : 42093648**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DeLoach, Joe, Wesley, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 504 Edgelake Dr

City Dallas	State TX	Zip Code 75218-2111
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		07		2018

**Transaction ID : 42093657**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Goldring, Glenn, I, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 209 S Grove Park Rd

City Memphis	State TN	Zip Code 38117-3505
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FEC ID number of contributing federal political committee. **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
04		07		2018

**Transaction ID : 42093658**

Amount of Each Receipt this Period  
125.00

Memo Item

**C. Steele, Kurt, Thomas, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 555 Cliffwood Dr

City Newport	State TN	Zip Code 37821-2522
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FEC ID number of contributing federal political committee. **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 M	/	D D D	/	Y Y Y Y Y Y
04		07		2018

**Transaction ID : 42093662**

Amount of Each Receipt this Period  
175.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Powell, Kathleen, E, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2018  
**Transaction ID : 42093664**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**B. Chaney, Michelle, Wika, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 764.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2018  
**Transaction ID : 42093666**  
 Amount of Each Receipt this Period  
 191.00  
 Memo Item

**C. Sandberg, Derri, J, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 NW Carlon Ave Ste 2  
 City Bend State OR Zip Code 97703-2636  
 FEC ID number of contributing federal political committee. **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  
 04 / 07 / 2018  
**Transaction ID : 42093672**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	376.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Hendrick, Joanne, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 509

City Monument	State CO	Zip Code 80132-0509
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FEC ID number of contributing federal political committee. **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 M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2018

**Transaction ID : 42093677**

Amount of Each Receipt this Period  
550.00

Memo Item

**B. Cyr, Charles, Robert, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 380 Poker Hill Rd

City Underhill	State VT	Zip Code 05489-9610
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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 M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2018

**Transaction ID : 42093750**

Amount of Each Receipt this Period  
365.00

Memo Item

**C. Deom, James, E, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 448 E County Rd

City Drums	State PA	Zip Code 18222-1618
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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 M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2018

**Transaction ID : 42093754**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1115.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Venable, James, Edward, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 188 Mysen Drive

City Cordova	State TN	Zip Code 38018-4392
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		08		2018

**Transaction ID : 42093755**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Woo, Stanley, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 529 Wood Nettle Way

City Waterloo	State ON	Zip Code N2V 2X9
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FEC ID number of contributing federal political committee. **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
04		09		2018

**Transaction ID : 42100678**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Bennett, Edward, Strachan, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 Bogey Club Cir

City Saint Charles	State MO	Zip Code 63303-3366
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FEC ID number of contributing federal political committee. **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
04		09		2018

**Transaction ID : 42106693**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Ajamian, Paul, C, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2018

**Transaction ID : 42106812**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Hale, James, Ross, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2616 SW Brooklane Dr

City Corvallis	State OR	Zip Code 97333-1500
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FEC ID number of contributing federal political committee. **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 M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2018

**Transaction ID : 42106815**

Amount of Each Receipt this Period  
2000.00

Memo Item

**C. Linde, Brian, E, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4518 Hi Line Dr

City Billings	State MT	Zip Code 59106-4703
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FEC ID number of contributing federal political committee. **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 M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2018

**Transaction ID : 42132694**

Amount of Each Receipt this Period  
750.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Nett, Jeremy, Thomas, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4033 Wills Rd

City Cheyenne	State WY	Zip Code 82001-1875
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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 M	/	D D D	/	Y Y Y Y Y Y
04		10		2018

**Transaction ID : 42137489**

Amount of Each Receipt this Period  
365.00

Memo Item

**B. Jeske, Douglas, Neal, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 14010

City Tumwater	State WA	Zip Code 98511-4010
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FEC ID number of contributing federal political committee. **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
04		11		2018

**Transaction ID : 42137525**

Amount of Each Receipt this Period  
125.00

Memo Item

**C. Brtva, Dennis, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 57 Pebblebrook Ct

City Bloomington	State IL	Zip Code 61705-6300
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FEC ID number of contributing federal political committee. **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
04		11		2018

**Transaction ID : 42137526**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	590.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Schlagheck, Michele, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5520 W Erie Rd

City Ottawa Lake	State MI	Zip Code 49267-8706
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2018

**Transaction ID : 42137527**

Amount of Each Receipt this Period  
83.34

Memo Item

**B. Breckenridge, Bruce, F, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16921 SE Stoneybrook Ct

City Clackamas	State OR	Zip Code 97015-6701
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FEC ID number of contributing federal political committee. **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
04		11		2018

**Transaction ID : 42137528**

Amount of Each Receipt this Period  
60.00

Memo Item

**C. Reddin, Diane, E, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2053 Black Canyon Rd

City Crawford	State CO	Zip Code 81415-9554
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FEC ID number of contributing federal political committee. **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
04		12		2018

**Transaction ID : 42139463**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	243.34
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Adams, Edwin, F, Dr., III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36467 Oak Park Ave  
 City Prairieville State LA Zip Code 70769-3279  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 333.36

Date of Receipt **04 / 12 / 2018**  
**Transaction ID : 42139467**  
 Amount of Each Receipt this Period 83.34  
 Memo Item

**B. Marshall, Gabrielle, W, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2463 NW 1st St  
 City Bend State OR Zip Code 97703-1246  
 FEC 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 ▼ 680.00

Date of Receipt **04 / 12 / 2018**  
**Transaction ID : 42139470**  
 Amount of Each Receipt this Period 170.00  
 Memo Item

**C. Bowen, Jacqueline, Marie, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3930 19th Street Ln  
 City Greeley State CO Zip Code 80634-3446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 657.28

Date of Receipt **04 / 12 / 2018**  
**Transaction ID : 42139471**  
 Amount of Each Receipt this Period 165.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	418.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 88
<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 <b>A. Parker, Adam, P, Dr.,</b>		Date of Receipt
Mailing Address 10800 Rimbey Ct		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2018"/>
City Glen Allen	State VA	Zip Code 23060-6481
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 42139472</b>
Name of Employer (for Individual) Self Employed		Amount of Each Receipt this Period <input type="text" value="83.34"/>
Occupation (for Individual) Doctor of Optometry		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="333.36"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Horn, Barbara, Lynn, Dr.,</b>		Date of Receipt
Mailing Address 8045 Wacabee Dr		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2018"/>
City Myrtle Beach	State SC	Zip Code 29579-5228
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 42139474</b>
Name of Employer (for Individual) Self Employed		Amount of Each Receipt this Period <input type="text" value="166.67"/>
Occupation (for Individual) Doctor of Optometry		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="665.30"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hymes, Jonathan, F, Mr.,</b>		Date of Receipt
Mailing Address 1505 Prince St		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2018"/>
City Alexandria	State VA	Zip Code 22314-2852
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 42139476</b>
Name of Employer (for Individual) American Optometric Association		Amount of Each Receipt this Period <input type="text" value="166.67"/>
Occupation (for Individual) Executive Director		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="666.68"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="416.68"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Davis, Mark, Keith, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18635 Roslyn Springs Dr

City Spring	State TX	Zip Code 77388-1403
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		13		2018

**Transaction ID : 42139785**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Frazee, David, Robert, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4962 Shoreline Dr

City Frisco	State TX	Zip Code 75034-4058
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FEC ID number of contributing federal political committee. **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
04		13		2018

**Transaction ID : 42139787**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. Reynolds, William, Thomas, Dr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 La Rose Ct

City Richmond	State KY	Zip Code 40475-7855
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
666.68

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		13		2018

**Transaction ID : 42139789**

Amount of Each Receipt this Period  
166.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	466.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Coble, John, Dale, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
666.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2018

**Transaction ID : 42139795**

Amount of Each Receipt this Period  
166.67

Memo Item

**B. Wright, H., Lindsay, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 798 Trail Ridge Dr

City Louisville	State CO	Zip Code 80027-3113
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Armed Forces Optometric Society	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2018

**Transaction ID : 42139796**

Amount of Each Receipt this Period  
83.33

Memo Item

**C. Willette, Matthew, B, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
640.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2018

**Transaction ID : 42139804**

Amount of Each Receipt this Period  
80.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	330.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Peele, Rodney, , Mr, J.D.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼ 640.00

Date of Receipt 04 / 13 / 2018  
**Transaction ID : 42139805**

Amount of Each Receipt this Period 80.00

Memo Item

**B. Moses, Robert, Joseph, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 413 Wessex Rd

City Valparaiso State IN Zip Code 46385-7716

FEC ID number of contributing federal political committee. **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 04 / 13 / 2018  
**Transaction ID : 42139822**

Amount of Each Receipt this Period 2000.00

Memo Item

**C. Lervick, Dale, G, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3686 W 100th Ave

City Westminster State CO Zip Code 80031-2472

FEC ID number of contributing federal political committee. **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 04 / 13 / 2018  
**Transaction ID : 42139932**

Amount of Each Receipt this Period 400.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 2480.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Lervick, Dale, G, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3686 W 100th Ave

City Westminster	State CO	Zip Code 80031-2472
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		13		2018

**Transaction ID : 42139942**

Amount of Each Receipt this Period  
400.00

Memo Item

**B. Stafford, Timothy, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1012 Julius Richardson Rd

City Irmo	State SC	Zip Code 29063-9740
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FEC ID number of contributing federal political committee. **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
04		14		2018

**Transaction ID : 42140537**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Nielsen, Charlotte, F, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1120 E Washington St

City Grayslake	State IL	Zip Code 60030-7960
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FEC ID number of contributing federal political committee. **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
04		14		2018

**Transaction ID : 42140545**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Anderson, Jeffrey, C., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 Story St

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

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

Name of Employer (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
04		14		2018

**Transaction ID : 42140546**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Smith, Todd, R, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 441 E Hale St

City Mesa	State AZ	Zip Code 85203-3687
--------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
501.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2018

**Transaction ID : 42140563**

Amount of Each Receipt this Period  
501.00

Memo Item

**C. Daynes, Lincoln, Joseph, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2737 Brewer Dr

City Sierra Vista	State AZ	Zip Code 85650-6901
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		14		2018

**Transaction ID : 42140565**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1051.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Parker, David, Lloyd, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2018

**Transaction ID : 42140569**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. Farias, Fred, , Dr., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1308 S Cynthia St

City McAllen	State TX	Zip Code 78501-1114
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2018

**Transaction ID : 42140571**

Amount of Each Receipt this Period  
416.67

Memo Item

**C. Geist, Teri, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15620 Grant Cir

City Omaha	State NE	Zip Code 68116-2416
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		15		2018

**Transaction ID : 42140580**

Amount of Each Receipt this Period  
400.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	966.67
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Wigton, Jeffrey, S, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 217 Teakwood Rd

City Butler	State PA	Zip Code 16001-1973
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2018

**Transaction ID : 42140583**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Chung, Ida, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14598 Viva Drive

City Eastvale	State CA	Zip Code 92880-1082
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04	/	15	/	2018

**Transaction ID : 42140587**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Veliky, Michael, J, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2018

**Transaction ID : 42140588**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Wadman, Brian, Winfield, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Meadow Ln

City Greenfield	State MA	Zip Code 01301-9764
--------------------	-------------	------------------------

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

Name of Employer (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
04		16		2018

**Transaction ID : 42140589**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Eiss, Steven, Paul, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
666.68

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		16		2018

**Transaction ID : 42140597**

Amount of Each Receipt this Period  
166.67

Memo Item

**C. Lowe, Sue, Esther, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
666.68

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		16		2018

**Transaction ID : 42140600**

Amount of Each Receipt this Period  
166.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	833.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Avallone, Gary, James, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
666.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2018

**Transaction ID : 42140603**

Amount of Each Receipt this Period  
166.67

Memo Item

**B. Hock, Daniel, R, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 Eagle Nest Trl

City Evergreen	State CO	Zip Code 80439-4242
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FEC ID number of contributing federal political committee. **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 M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2018

**Transaction ID : 42140604**

Amount of Each Receipt this Period  
180.00

Memo Item

**C. Carlson, Teresa, L, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5317

City Englewood	State CO	Zip Code 80155-5317
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
680.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2018

**Transaction ID : 42140607**

Amount of Each Receipt this Period  
170.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	516.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Simons, William, H, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 66 Cloverview Dr

City Helena	State MT	Zip Code 59601-0251
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		16		2018

**Transaction ID : 42141209**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Hasquet, William, J, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2503 Gold Rush Ave

City Helena	State MT	Zip Code 59601-5668
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		16		2018

**Transaction ID : 42141211**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Kelley, Marcus, H, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 363 S Harrison Ave

City Helena	State MT	Zip Code 59601-6903
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		16		2018

**Transaction ID : 42141213**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Simons, Robert, J, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 Sand Piper Loop  
 City Helena State MT Zip Code 59602-0564  
 FEC ID number of contributing federal political committee. **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 **04 / 16 / 2018**  
**Transaction ID : 42141215**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Wilson, Wendianne, M, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14643 Summit Dr  
 City Clive State IA Zip Code 50325-7748  
 FEC ID number of contributing federal political committee. **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 **04 / 17 / 2018**  
**Transaction ID : 42142215**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Plattner, Brian, J, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 340.00

Date of Receipt **04 / 17 / 2018**  
**Transaction ID : 42142220**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	710.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Whitlow, John, B, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1233 Stovall Rd

City Lagrange	State GA	Zip Code 30241-9097
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04	/	17	/	2018

**Transaction ID : 42143498**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Prouty, Robert, E, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	18	/	2018

**Transaction ID : 42145390**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Ellis, Joe, E, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 179 Wood Trce

City Benton	State KY	Zip Code 42025-9400
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
666.68

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	18	/	2018

**Transaction ID : 42145391**

Amount of Each Receipt this Period  
166.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	516.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Rush, Nicole, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2018

**Transaction ID : 42145393**

Amount of Each Receipt this Period  
85.00

Memo Item

**B. Terrell, Jenny, G, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2018

**Transaction ID : 42145396**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. Annunziato, Thomas, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11700 Northview Dr

City Aledo	State TX	Zip Code 76008-5223
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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 M	/	D D D	/	Y Y Y Y Y Y
04		17		2018

**Transaction ID : 42145645**

Amount of Each Receipt this Period  
2000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2285.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Kelly, Erik, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1375 SW 4th Ave  
 City Boca Raton State FL Zip Code 33432-7128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt **04 / 17 / 2018**  
**Transaction ID : 42145659**  
 Amount of Each Receipt this Period 260.00  
 Memo Item

**B. Hitchmoth, Dorothy, L, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 302  
 City New London State NH Zip Code 03257-0302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 352.00

Date of Receipt **04 / 17 / 2018**  
**Transaction ID : 42145678**  
 Amount of Each Receipt this Period 88.00  
 Memo Item

**C. Brunnett, Susan, Mary, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 666.68

Date of Receipt **04 / 19 / 2018**  
**Transaction ID : 42147071**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	514.67
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Fleming, Darrin, P, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 992 Country Club Rd Ste 101

City Eugene	State OR	Zip Code 97401-6023
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		19		2018

**Transaction ID : 42147466**

Amount of Each Receipt this Period  
800.00

Memo Item

**B. Rodriguez, Erlinda, T, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 404 Main St

City Ridgefield Park	State NJ	Zip Code 07660-1128
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		19		2018

**Transaction ID : 42147735**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Rowley, Brian, F, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
333.36

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		20		2018

**Transaction ID : 42147736**

Amount of Each Receipt this Period  
83.34

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1133.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Lucas, Thomas, Allen, Dr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2023 Sandy Point Rd

City Harker Hts	State TX	Zip Code 76548-8680
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		20		2018

**Transaction ID : 42147738**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. Ernst, James, Maxwell, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 Bittersweet Dr

City Alexandria	State KY	Zip Code 41001-1300
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.68

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		20		2018

**Transaction ID : 42147739**

Amount of Each Receipt this Period  
166.67

Memo Item

**C. Way, David, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		20		2018

**Transaction ID : 42147742**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	466.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Williams, Salisa, K., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 91489

City Portland	State OR	Zip Code 97291-0009
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.68

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		20		2018

**Transaction ID : 42147743**

Amount of Each Receipt this Period  
166.67

Memo Item

**B. Goff, Kathleen, Elaine, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 114 Crested Peak Ct

City Santa Teresa	State NM	Zip Code 88008-9423
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		20		2018

**Transaction ID : 42147746**

Amount of Each Receipt this Period  
83.34

Memo Item

**C. Lauer, Scott, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1103 Greenmont Cir

City Vienna	State WV	Zip Code 26105-3299
----------------	-------------	------------------------

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

Name of Employer (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
04		20		2018

**Transaction ID : 42147754**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Steiner, Joseph, S, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 845 Avenue F

City Billings	State MT	Zip Code 59102-3405
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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 M	/	D D D	/	Y Y Y Y Y Y
04		20		2018

**Transaction ID : 42148116**

Amount of Each Receipt this Period  
125.00

Memo Item

**B. Leach, Donald, B, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 129

City Los Lunas	State NM	Zip Code 87031-0129
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		20		2018

**Transaction ID : 42150481**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Louie, Derek, Jen-Kon, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
336.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2018

**Transaction ID : 42150723**

Amount of Each Receipt this Period  
84.22

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	259.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Redman, David, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2018

**Transaction ID : 42150726**

Amount of Each Receipt this Period  
85.00

Memo Item

**B. Allen, Robert, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2018

**Transaction ID : 42150727**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. Kopolow, Harlan Kenneth, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2018

**Transaction ID : 42150763**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	385.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Optometric Association Political Action Committee**

**A. Miller, Dawn, Marie, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3004 E Lake Hill Dr  
 City Orange State CA Zip Code 92867-1910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (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 04 / 22 / 2018  
**Transaction ID : 42150767**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Fenno, Michael, G., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 666.68

Date of Receipt 04 / 22 / 2018  
**Transaction ID : 42150768**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

**C. Levin, Michelle, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1039 Creekford Dr  
 City Weston State FL Zip Code 33326-2859  
 FEC ID number of contributing federal political committee. **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 04 / 22 / 2018  
**Transaction ID : 42150771**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	491.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Orava, Eric, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 641 41st St

City Brooklyn	State NY	Zip Code 11232-3138
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		22		2018

**Transaction ID : 42150854**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Evans, David, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Aster St

City Dallas	State PA	Zip Code 18612-9759
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		22		2018

**Transaction ID : 42150857**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Phillips, Richard, W, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 Beechbrook Ct

City Unicoi	State TN	Zip Code 37692-6441
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		23		2018

**Transaction ID : 42154377**

Amount of Each Receipt this Period  
125.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1625.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Grover, Lori, L., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
666.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2018

**Transaction ID : 42154379**

Amount of Each Receipt this Period  
166.67

Memo Item

**B. Tu, Jason, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 330 K Street

City San Diego	State CA	Zip Code 92101-6959
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2018

**Transaction ID : 42154383**

Amount of Each Receipt this Period  
83.34

Memo Item

**C. McElroy, Ted, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
666.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2018

**Transaction ID : 42154385**

Amount of Each Receipt this Period  
166.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	416.68
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Stam, Bryan, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 Nina Ct

City Ponte Vedra Beach	State FL	Zip Code 32082-2429
---------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04	/	23	/	2018

**Transaction ID : 42157204**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Alexander, Deanna, Swafford, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4127 Cedargate Dr

City Fort Collins	State CO	Zip Code 80526-3386
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
667.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2018

**Transaction ID : 42160670**

Amount of Each Receipt this Period  
166.53

Memo Item

**C. Carlson, Dori, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box O

City Park River	State ND	Zip Code 58270-0714
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
666.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2018

**Transaction ID : 42160676**

Amount of Each Receipt this Period  
166.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	833.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Neidigh, Gerald, R, Dr., Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2740 Windy Meadow Lane  
 City Powhatan State VA Zip Code 23139-7847  
 FEC ID number of contributing federal political committee. **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  
 04 / 24 / 2018  
**Transaction ID : 42160677**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Davies, Jarrod, E, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 666.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2018  
**Transaction ID : 42160683**  
 Amount of Each Receipt this Period  
 166.67  
 Memo Item

**C. Dobbins, Rebecca, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address RR 1 Box 71-38  
 City S Coffeyville State OK Zip Code 74072-9707  
 FEC ID number of contributing federal political committee. **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  
 04 / 24 / 2018  
**Transaction ID : 42160684**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	541.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Jasper, April, L, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2018  
**Transaction ID : 42160687**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Loomis, Steven, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6436 Spotted Fawn Run  
 City Littleton State CO Zip Code 80125-9055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 666.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2018  
**Transaction ID : 42160689**  
 Amount of Each Receipt this Period  
 166.67  
 Memo Item

**C. Jones, Matthew, E, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 716 Country Club Rd  
 City Blytheville State AR Zip Code 72315-1222  
 FEC ID number of contributing federal political committee. **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  
 04 / 24 / 2018  
**Transaction ID : 42161573**  
 Amount of Each Receipt this Period  
 635.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	901.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Gilbert-Spear, Katie, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3735 Mackey Cove Dr

City Pensacola	State FL	Zip Code 32514-8152
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2018

**Transaction ID : 42162056**

Amount of Each Receipt this Period  
166.67

Memo Item

**B. Veliky, George, W, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
333.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2018

**Transaction ID : 42162057**

Amount of Each Receipt this Period  
83.34

Memo Item

**C. McFerron, Ashley, K, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
666.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2018

**Transaction ID : 42162058**

Amount of Each Receipt this Period  
166.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	416.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Brownmiller, Steven, K, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1004 Ridge Rd

City Denison	State IA	Zip Code 51442-1124
-----------------	-------------	------------------------

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

Name of Employer (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
04		25		2018

**Transaction ID : 42162060**

Amount of Each Receipt this Period  
125.00

Memo Item

**B. Teague, Audie, M, Dr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2018

**Transaction ID : 42162061**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. D'Janbatian, Movses, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1435 Stanley Ave Apt 217

City Glendale	State CA	Zip Code 91206-3987
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		25		2018

**Transaction ID : 42162062**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	475.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Gonnason, Jeffrey, Allen, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6721 Gloucester Pl

City Anchorage	State AK	Zip Code 99504-3343
-------------------	-------------	------------------------

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

Name of Employer (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 M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2018

**Transaction ID : 42162063**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Wigton, Jeffrey, S, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 217 Teakwood Rd

City Butler	State PA	Zip Code 16001-1973
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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 M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2018

**Transaction ID : 42162439**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Cleveland, Trevor, J, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
336.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2018

**Transaction ID : 42162635**

Amount of Each Receipt this Period  
84.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	418.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Pelson, Jeffrey, S, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		26		2018

**Transaction ID : 42162639**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Dygert, Lincoln, Joe, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		26		2018

**Transaction ID : 42162642**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Benner, Ronald, Lee, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
666.68

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		26		2018

**Transaction ID : 42162643**

Amount of Each Receipt this Period  
166.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	366.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Day, Howard, Russell, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3555 Kingshill Rd

City Mountain Brk	State AL	Zip Code 35223-1421
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		26		2018

**Transaction ID : 42162645**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Heersink, Paul, William, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		26		2018

**Transaction ID : 42162646**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Stansbury, Christopher, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1411 Woodmere Dr

City Charleston	State WV	Zip Code 25314-1939
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		26		2018

**Transaction ID : 42162648**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Reed, Steven, Thomas, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
518.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2018

**Transaction ID : 42162720**

Amount of Each Receipt this Period  
185.18

Memo Item

**B. Smith, Timothy, John, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2018

**Transaction ID : 42162835**

Amount of Each Receipt this Period  
150.00

Memo Item

**C. Heaston Helms, Karen, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1321 Aaron Dr

City Richland	State WA	Zip Code 99352-4678
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		26		2018

**Transaction ID : 42162886**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	835.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Gordon, William, David, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
833.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2018

**Transaction ID : 42163046**

Amount of Each Receipt this Period  
208.34

Memo Item

**B. Goellner, Richard, Henry, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3121 N Greystone Dr

City Morgantown	State WV	Zip Code 26508-8601
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04	/	27	/	2018

**Transaction ID : 42163056**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Wong, Michelle, W., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6910 S Rainbow Blvd Ste 102

City Las Vegas	State NV	Zip Code 89118-3274
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FEC ID number of contributing federal political committee. **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 M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2018

**Transaction ID : 42163059**

Amount of Each Receipt this Period  
90.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	398.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Hammonds, Lynn Smith, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
666.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2018

**Transaction ID : 42163061**

Amount of Each Receipt this Period  
166.68

Memo Item

**B. Anderson, David, M, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5567 Shepard Rd

City Miamisburg	State OH	Zip Code 45342-4728
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FEC ID number of contributing federal political committee. **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
04	/	27	/	2018

**Transaction ID : 42163064**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Baxter, Richard, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
333.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2018

**Transaction ID : 42163065**

Amount of Each Receipt this Period  
83.34

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.02
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Hammond, Joseph, Michael, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9010 Hurstbourne Ln

City Louisville	State KY	Zip Code 40220-1626
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04	/	27	/	2018

**Transaction ID : 42163067**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. Wroten, Christopher, W, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
272.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2018

**Transaction ID : 42163071**

Amount of Each Receipt this Period  
93.50

Memo Item

**C. Minie, Stevin, Robert, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2018

**Transaction ID : 42163072**

Amount of Each Receipt this Period  
85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	328.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Gossard, Teresa, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6323 Grand Vista Ave

City Cincinnati	State OH	Zip Code 45213-1115
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Eye Care Associates of Greater Cincinn	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
04	/	27	/	2018

**Transaction ID : 42164410**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Safley, Douglas, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 700 1st Ave

City Havre	State MT	Zip Code 59501-4402
---------------	-------------	------------------------

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

Name of Employer (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
04	/	28	/	2018

**Transaction ID : 42164693**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Sorensen, Robert, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8445 N Government Way

City Hayden	State ID	Zip Code 83835-9280
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1002.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2018

**Transaction ID : 42164694**

Amount of Each Receipt this Period  
501.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1101.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 88
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Optometric Association Political Action Committee**

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2018  
**Transaction ID : 42164699**  
 Amount of Each Receipt this Period 83.34  
 Memo Item

**B. Thau, Andrea, Penny, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 666.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2018  
**Transaction ID : 42164702**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

**C. Browning, Gregory, Allen, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2018  
**Transaction ID : 42164704**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Patrick, Carey, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		28		2018

**Transaction ID : 42164706**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Newman, Clarke, Douglas, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3311 THROCKMORTON STREET

City Dallas	State TX	Zip Code 75219-3663
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		28		2018

**Transaction ID : 42164713**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Jones, Jeffrey, William, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 107 Northcastle St

City Longview	State TX	Zip Code 75604-3544
------------------	-------------	------------------------

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

Name of Employer (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
04		28		2018

**Transaction ID : 42164716**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Smith, Michael, Keith, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
800.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
04 / 28 / 2018

**Transaction ID : 42164718**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. Cooper, Jan, Louise, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 Chandler W

City Highland	State CA	Zip Code 92346-5482
------------------	-------------	------------------------

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

Name of Employer (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 Y
04 / 28 / 2018

**Transaction ID : 42164719**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. Fields, Chris, R, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
668.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
04 / 28 / 2018

**Transaction ID : 42164720**

Amount of Each Receipt this Period  
167.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	567.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Middleton, Deirdre, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1505 Prince St., Ste. 300

City Alexandria	State VA	Zip Code 22314-2874
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		28		2018

**Transaction ID : 42164721**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. Gurley, Richard, Dean, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		28		2018

**Transaction ID : 42164723**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Kennedy, Caleb, J, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
333.36

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		28		2018

**Transaction ID : 42164726**

Amount of Each Receipt this Period  
83.34

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	333.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Weeden, Michael, Leslie, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2018

**Transaction ID : 42164731**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. Brandys, Vincent, W, Dr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1833 Wildberry Dr Unit A

City Glenview	State IL	Zip Code 60025-1736
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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 M	/	D D D	/	Y Y Y Y Y Y
04		28		2018

**Transaction ID : 42164737**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Hayden, Jeff, A, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2018

**Transaction ID : 42164749**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	384.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Planitz, Jennifer, L, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
1666.67

Date of Receipt  

M M / D D / Y Y Y Y Y Y
04 / 28 / 2018

**Transaction ID : 42164750**

Amount of Each Receipt this Period  

416.67
--------

 Memo Item

**B. Stauder, Paul, Bryan, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
360.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
04 / 28 / 2018

**Transaction ID : 42164752**

Amount of Each Receipt this Period  

90.00
-------

 Memo Item

**C. Drees, Adam, Joseph, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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  General  
 Other (specify)

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  

M M / D D / Y Y Y Y Y Y
04 / 28 / 2018

**Transaction ID : 42164758**

Amount of Each Receipt this Period  

83.34
-------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	590.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Fleischer, Todd, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5727 SE Paulen Rd

City Berryton	State KS	Zip Code 66409-9400
------------------	-------------	------------------------

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2018

**Transaction ID : 42164761**

Amount of Each Receipt this Period  
125.00

Memo Item

**B. Edlow, Richard, C, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8913 Griffin Way

City Baltimore	State MD	Zip Code 21208-1424
-------------------	-------------	------------------------

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

Name of Employer (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
04		28		2018

**Transaction ID : 42164767**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Kehoe, Peter, H, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 521 N Soangetaha Rd

City Galesburg	State IL	Zip Code 61401-5588
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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 M	/	D D D	/	Y Y Y Y Y Y
04		28		2018

**Transaction ID : 42164769**

Amount of Each Receipt this Period  
175.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> 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 88  
(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**

**A. White, Brenden, R, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 400.00

Date of Receipt **04 / 28 / 2018**  
**Transaction ID : 42164778**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Sammons, Gregory, Shawn, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1171 CREEKSTONE RIDGE  
 City SOUTH CHARLESTON State WV Zip Code 25309-9476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00

Date of Receipt **04 / 28 / 2018**  
**Transaction ID : 42164779**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Nolin, Ladd, Michael, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12101 Woodway Cir  
 City Anchorage State AK Zip Code 99516-2059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 333.34

Date of Receipt **04 / 28 / 2018**  
**Transaction ID : 42164781**  
 Amount of Each Receipt this Period 83.34  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 208.34  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Roth, Carl, J, Dr., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 E Oak St Ste 2C

City Bozeman	State MT	Zip Code 59715-2972
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Doctor of Optometry
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.01

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2018

**Transaction ID : 42164970**

Amount of Each Receipt this Period  
166.67

Memo Item

**B. Willette, Matthew, B, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
720.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2018

**Transaction ID : 42165111**

Amount of Each Receipt this Period  
80.00

Memo Item

**C. Peele, Rodney, , Mr, J.D.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼  
720.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2018

**Transaction ID : 42165112**

Amount of Each Receipt this Period  
80.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	326.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Wood, Jarod, R, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12170 J Ave

City Iowa Falls	State IA	Zip Code 50126-8808
--------------------	-------------	------------------------

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

Name of Employer (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
04		30		2018

**Transaction ID : 42165300**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Hutto, Anthony, Blake, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 Myra St

City Alma	State GA	Zip Code 31510-1550
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		25		2018

**Transaction ID : 42165319**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Drollette, Adrienne, M., Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 1206

City Wilson	State NC	Zip Code 27894-1206
----------------	-------------	------------------------

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

Name of Employer (for Individual) The North Carolina State Optometric So	Occupation (for Individual) Executive Director
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2018

**Transaction ID : 42165320**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Goldberg, Fred, E, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6924 Butternut Ct

City McLean	State VA	Zip Code 22101-1506
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		25		2018

**Transaction ID : 42165321**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Fitzpatrick, Charles, Henry, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 Byron Dr

City Mount Laurel	State NJ	Zip Code 08054-4700
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		25		2018

**Transaction ID : 42165322**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Elton, Thomas, L, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 929 Portland Ave Apt 1801

City Minneapolis	State MN	Zip Code 55404-1268
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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 M	/	D D D	/	Y Y Y Y Y Y
04		25		2018

**Transaction ID : 42165323**

Amount of Each Receipt this Period  
2000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 OF 88
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mebine, L. Bruce, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1728 Delaware St

City Berkeley	State CA	Zip Code 94703-1327
------------------	-------------	------------------------

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2018

**Transaction ID : 42165324**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Baxter, Kim, Ashbrook, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1211 Custer Ct

City North Platte	State NE	Zip Code 69101-6313
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		30		2018

**Transaction ID : 42166641**

Amount of Each Receipt this Period  
400.00

Memo Item

**C. Kosanovich, Tad, Robert, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 322 Sunset Rd

City Osprey	State FL	Zip Code 34229-9207
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		30		2018

**Transaction ID : 42166667**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 88
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Wolfson, Samuel, F, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4655 Vinewood Ln N  
 City Plymouth State MN Zip Code 55442-2336  
 FEC ID number of contributing federal political committee. **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 **04 / 30 / 2018**  
**Transaction ID : 42166668**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Johnson, Timothy, D, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 517  
 City Bellows Falls State VT Zip Code 05101-0517  
 FEC ID number of contributing federal political committee. **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 **04 / 30 / 2018**  
**Transaction ID : 42166669**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Kessler, Lawrence, H., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 400.00

Date of Receipt **04 / 30 / 2018**  
**Transaction ID : 42166672**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> 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 75 OF 88  
(check only one)

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

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

**A. Wood, Amanda, Anne, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12170 J Ave

City Iowa Falls	State IA	Zip Code 50126-8808
--------------------	-------------	------------------------

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

Name of Employer (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
04		30		2018

**Transaction ID : 42177103**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Lervick, Dale, G, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3686 W 100th Ave

City Westminster	State CO	Zip Code 80031-2472
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
04		25		2018

**Transaction ID : 42201674**

Amount of Each Receipt this Period  
0.00

Memo Item

Refund(s) on Schedule B Totaling \$400.00 This changes the YTD Total to \$400.00

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	58523.91

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. WellsFargo**

Mailing Address 1650 Tyson Blvd.

City McLean State VA Zip Code 22102

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42145637**  
Amount of Each Disbursement this Period  
  
Bank Fees

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement  
Visa/Master Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42173923**  
Amount of Each Disbursement this Period  
  
Visa/Master Bank Fees

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement  
American Express Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42173983**  
Amount of Each Disbursement this Period  
  
American Express Fees

Memo Item

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement  
Bank Fees

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2018

FEC Identification Number  
C

Transaction ID : 42174272

Amount of Each Disbursement this Period  
74.57

Bank Fees

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M M M	/	D 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

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
	/		/	

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)..... ▶

74.57
2846.90

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) <b>A. Mark Pocan For Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 09 / 2018
Mailing Address PO Box 327		FEC Identification Number C C00502179 <b>Transaction ID : 42101818</b>
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name <b>Pocan, Mark, , Rep.,</b>		Amount of Each Disbursement this Period 1000.00 Candidate Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI District: 02	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Friends Of Sherrod Brown</b>		Date of Disbursement MM / DD / YYYY 04 / 09 / 2018
Mailing Address PO Box 15293		FEC Identification Number C C00264697 <b>Transaction ID : 42101819</b>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name <b>Brown, Sherrod, , Sen.,</b>		Amount of Each Disbursement this Period 1500.00 Candidate Contribution
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Brady For Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 09 / 2018
Mailing Address PO Box 8277		FEC Identification Number C C00311043 <b>Transaction ID : 42101820</b>
City The Woodlands	State TX	Zip Code 77387
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name <b>Brady, Kevin, Patrick, Rep.,</b>		Amount of Each Disbursement this Period 2500.00 Candidate Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 08	<input type="checkbox"/> Memo Item	

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Bilirakis For Congress**

Mailing Address PO Box 606

City  
Tarpon Springs

State  
FL

Zip Code  
34688

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**Bilirakis, Gus, M., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2018

FEC Identification Number

C C00408534

**Transaction ID : 42137537**

Amount of Each Disbursement this Period

687.50

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bilirakis For Congress**

Mailing Address PO Box 606

City  
Tarpon Springs

State  
FL

Zip Code  
34688

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**Bilirakis, Gus, M., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2018

FEC Identification Number

C C00408534

**Transaction ID : 42137538**

Amount of Each Disbursement this Period

500.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Olson For Congress Committee**

Mailing Address PO Box 16381

City  
Sugar Land

State  
TX

Zip Code  
77496

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**Olson, Pete, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: TX District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2018

FEC Identification Number

C C00437913

**Transaction ID : 42137539**

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)..... ▶

3687.50

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Walden For Congress**

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement  
Candidate Contribution

011  
Category/  
Type

Candidate Name  
**Walden, Greg, P., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: OR District: 02

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2018

FEC Identification Number

C C00333427

**Transaction ID : 42137540**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Walden For Congress**

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement  
Candidate Contribution

011  
Category/  
Type

Candidate Name  
**Walden, Greg, P., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: OR District: 02

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2018

FEC Identification Number

C C00333427

**Transaction ID : 42137541**

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kind For Congress Committee**

Mailing Address 3061 Edgewater Ln

City La Crosse State WI Zip Code 54603

Purpose of Disbursement  
Candidate Contribution

011  
Category/  
Type

Candidate Name  
**Kind, Ron, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: WI District: 03

Date of Disbursement

MM / DD / YYYY  
04 / 12 / 2018

FEC Identification Number

C C00312017

**Transaction ID : 42139542**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

7000.00



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) <b>A. Congressional Leadership Fund</b>		Date of Disbursement MM / DD / YYYY 04 / 12 / 2018
Mailing Address 1747 Pennsylvania Avenue, NW		FEC Identification Number C [REDACTED] <b>Transaction ID : 42139564</b>
City Washington	State DC	Zip Code 20006
Purpose of Disbursement Committee Contribution	Category/ Type 011	Amount of Each Disbursement this Period 15000.00 Committee Contribution
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Kenny Marchant For Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2018
Mailing Address PO Box 110187		FEC Identification Number C C00393348 <b>Transaction ID : 42140018</b>
City Carrollton	State TX	Zip Code 75011
Purpose of Disbursement Candidate Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2000.00 Candidate Contribution
Candidate Name <b>Marchant, Kenny, , Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: TX District: 24	

Full Name (Last, First, Middle Initial) <b>C. Palazzo For Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 16 / 2018
Mailing Address 13155 Highway 67 Suite B		FEC Identification Number C C00477323 <b>Transaction ID : 42142185</b>
City Biloxi	State MS	Zip Code 39532
Purpose of Disbursement Candidate Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Candidate Contribution
Candidate Name <b>Palazzo, Steven, M., Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MS District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	18000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Arkansas for Leadership PAC (ARKPAC)**

Mailing Address PO Box 1672

City Alexandria State VA Zip Code 22313

Purpose of Disbursement  
Committee Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 42142245**  
Amount of Each Disbursement this Period  
  
Committee Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Dr Brian Babin For Congress**

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979

Purpose of Disbursement  
Candidate Contribution

**011**  
Category/  
Type

Candidate Name

**Babin, Brian, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: TX District: 36

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 42150601**  
Amount of Each Disbursement this Period  
  
Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ralph Abraham For Congress**

Mailing Address P.O. Box 14062

City Monroe State LA Zip Code 71207

Purpose of Disbursement  
Candidate Contribution

**011**  
Category/  
Type

Candidate Name

**Abraham, Ralph, , Rep., MD**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: LA District: 05

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 42150606**  
Amount of Each Disbursement this Period  
  
Candidate Contribution

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) <b>A. Guthrie For Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018
Mailing Address PO Box 9639		FEC Identification Number C00445023 <b>Transaction ID : 42150613</b>
City Bowling Green	State KY	Zip Code 42102
Purpose of Disbursement Candidate Contribution		011 Category/Type
Candidate Name <b>Guthrie, Brett, , Rep.,</b>		Amount of Each Disbursement this Period 3187.50 Candidate Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: KY	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Guthrie For Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2018
Mailing Address PO Box 9639		FEC Identification Number C00445023 <b>Transaction ID : 42150616</b>
City Bowling Green	State KY	Zip Code 42102
Purpose of Disbursement Candidate Contribution		011 Category/Type
Candidate Name <b>Guthrie, Brett, , Rep.,</b>		Amount of Each Disbursement this Period 5000.00 Candidate Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: KY	District: 02	

Full Name (Last, First, Middle Initial) <b>C. Mullin For Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 25 / 2018
Mailing Address PO Box 3681		FEC Identification Number C00498345 <b>Transaction ID : 42162187</b>
City Muskogee	State OK	Zip Code 74402
Purpose of Disbursement Candidate Contribution		011 Category/Type
Candidate Name <b>Mullin, Markwayne, , Rep.,</b>		Amount of Each Disbursement this Period 187.50 Candidate Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OK	District: 02	

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

8375.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) <b>A. Mullin For Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 25 / 2018
Mailing Address PO Box 3681		FEC Identification Number C00498345 <b>Transaction ID : 42162188</b>
City Muskogee	State OK	Zip Code 74402
Purpose of Disbursement Candidate Contribution		011 Category/Type
Candidate Name <b>Mullin, Markwayne, , Rep.,</b>		Amount of Each Disbursement this Period 2000.00 Candidate Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OK	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Walberg For Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 25 / 2018
Mailing Address PO Box 1362		FEC Identification Number C00390724 <b>Transaction ID : 42162440</b>
City Jackson	State MI	Zip Code 49204
Purpose of Disbursement Candidate Contribution		011 Category/Type
Candidate Name <b>Walberg, Tim, , Rep.,</b>		Amount of Each Disbursement this Period 2000.00 Candidate Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: MI	District: 07	

Full Name (Last, First, Middle Initial) <b>C. Blaine For Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2018
Mailing Address PO Box 1025		FEC Identification Number C00458679 <b>Transaction ID : 42165194</b>
City Jefferson City	State MO	Zip Code 65102
Purpose of Disbursement Void - Blaine For Congress		011 Category/Type
Candidate Name <b>Luetkemeyer, Blaine, , Rep.,</b>		Amount of Each Disbursement this Period - 2000.00 Void - Blaine For Congress
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MO	District: 03	

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

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

2000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Robin Kelly For Congress**

Mailing Address PO Box 6953

City  
Chicago

State  
IL

Zip Code  
60680

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**Kelly, Robin, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	8

FEC Identification Number

C C00539866

**Transaction ID : 42165195**

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Rodney For Congress**

Mailing Address PO Box 344

City  
Taylorville

State  
IL

Zip Code  
62568

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**Davis, Rodney, L., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	8

FEC Identification Number

C C00521948

**Transaction ID : 42165196**

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. David Rouzer For Congress**

Mailing Address PO Box 2267

City  
Smithfield

State  
NC

Zip Code  
27577

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**Rouzer, David, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NC District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	8

FEC Identification Number

C C00501643

**Transaction ID : 42165197**

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Memo Item

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Blaine For Congress**

Mailing Address PO Box 1025

City Jefferson City State MO Zip Code 65102

Purpose of Disbursement  
Candidate Contribution

011  
Category/  
Type

Candidate Name  
**Luetkemeyer, Blaine, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: MO District: 03

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2018

FEC Identification Number

C C00458679

**Transaction ID : 42165198**

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jimmy Gomez For Congress**

Mailing Address 3605 Long Beach Blvd Suite 426

City Long Beach State CA Zip Code 90807

Purpose of Disbursement  
Candidate Contribution

011  
Category/  
Type

Candidate Name  
**Gomez, Jimmy, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CA District: 34

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2018

FEC Identification Number

C C00629659

**Transaction ID : 42165199**

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Guy For Congress**

Mailing Address P.O. Box 23177

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement  
Candidate Contribution

011  
Category/  
Type

Candidate Name  
**Reschenthaler, Guy, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: PA District: 18

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2018

FEC Identification Number

C C00657833

**Transaction ID : 42165200**

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Memo Item

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

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

10000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Cole For Congress

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement  
Candidate Contribution

Category/  
Type

Candidate Name  
**Cole, Thomas, , Rep.,**

Office Sought:  House  
 Senate  
 President  
State: OK District: 04

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2018

FEC Identification Number

**Transaction ID : 42165201**

Amount of Each Disbursement this Period

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

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

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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**

**A. Lervick, Dale, G, Dr.,**

Full Name (Last, First, Middle Initial)

Mailing Address 3686 W 100th Ave

City Westminster State CO Zip Code 80031-2472

Purpose of Disbursement Refund of Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 25 / 2018

FEC Identification Number: C

Transaction ID : 42150848

Amount of Each Disbursement this Period: 400.00

Refund of Contribution

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	400.00