

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Optometric Association Political Action Committee

ADDRESS (number and street) 1505 Prince Street Suite 300 Alexandria VA 22314 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00024968 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) x Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 07 / 01 / 2018 through 07 / 31 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Nguyen, Steven, , O.D. Type or Print Name of Treasurer

Signature of Treasurer Nguyen, Steven, , O.D. [Electronically Filed] Date 10 / 10 / 2018

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

**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.....	469477.61	
(c) Total Receipts (from Line 19)	94486.95	648516.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	563964.56	1142342.42
7. Total Disbursements (from Line 31).....	107430.99	685808.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	456533.57	456533.57
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2018 To: M M / D D / Y Y Y Y 07 / 31 / 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).....	72149.07	479260.29
(ii) Unitemized	17264.96	164022.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	89414.03	643282.96
(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)	89414.03	643282.96
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.....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	72.92	233.36
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)).....▶	94486.95	648516.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	94486.95	648516.32

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	4430.99	22766.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4430.99	22766.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	103000.00	636562.50
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1480.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1480.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	25000.00
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)) ..	107430.99	685808.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	107430.99	685808.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	89414.03	643282.96
34. Total Contribution Refunds (from Line 28(d))	0.00	1480.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	89414.03	641802.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4430.99	22766.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4430.99	22766.35

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Original report: Delbert Oman O.D. \$1000 - Correction Delbert Oman, O.D. \$500 and Eric Pierce, O.D. \$500.

Form/Schedule:
Transaction ID:

**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 151
<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 ▼
1166.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2018

Transaction ID : 42352730

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
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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 ▼
1168.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2018

Transaction ID : 42352731

Amount of Each Receipt this Period
166.94

Memo Item

C. Cote, Paul, P, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 Schiavi Rd

City Harrison	State ME	Zip Code 04040-3528
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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 ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2018

Transaction ID : 42352733

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.28
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 8 OF 151
	<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. Gjurich, Dana, C, 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
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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 ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2018

Transaction ID : 42352734

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address 51 Gash Farm Rd

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
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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
07		01		2018

Transaction ID : 42352735

Amount of Each Receipt this Period
100.00

Memo Item

C. Triebel, Beth, E, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3429 Scenic Valley Dr

City Wdm	State IA	Zip Code 50265-5798
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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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2018

Transaction ID : 42352736

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	180.00
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 9 OF 151
	<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. 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 ▼
1166.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

Transaction ID : 42352853

Amount of Each Receipt this Period
166.67

Memo Item

B. Hopping, Desiree, Tyer, 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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

Transaction ID : 42352854

Amount of Each Receipt this Period
42.86

Memo Item

C. 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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1166.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

Transaction ID : 42352857

Amount of Each Receipt this Period
166.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	376.20
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 02 / 2018
Transaction ID : 42352858
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Birch, Jared, E, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6576 Sundown Cir
 City Idaho Falls State ID Zip Code 83402-5779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 02 / 2018
Transaction ID : 42352859
 Amount of Each Receipt this Period 50.00
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1219.00

Date of Receipt 07 / 02 / 2018
Transaction ID : 42352860
 Amount of Each Receipt this Period 167.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 302.00
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 11 OF 151
<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. Bacigalupi, Michael, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 175 Fields Way

City Pikeville	State KY	Zip Code 41501-8911
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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 ▼
212.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2018

Transaction ID : 42352861

Amount of Each Receipt this Period
30.42

Memo Item

B. Johnson, Kevin, E, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 Southgate Ave

City Annapolis	State MD	Zip Code 21401-2709
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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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2018

Transaction ID : 42360232

Amount of Each Receipt this Period
41.67

Memo Item

C. 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
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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
07		03		2018

Transaction ID : 42360234

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	172.09
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 12 OF 151
	<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. 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
 FEC ID number of contributing federal political committee. **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 07 / 03 / 2018
Transaction ID : 42360235
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Swarner, Dennis, A, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1669
 City Kenai State AK Zip Code 99611-1669
 FEC ID number of contributing federal political committee. **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 07 / 03 / 2018
Transaction ID : 42360237
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Gove, Sheridan, S, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Wilderness Dr
 City Freeport State ME Zip Code 04032-5824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 210.00

Date of Receipt 07 / 03 / 2018
Transaction ID : 42360239
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	305.00
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 13 OF 151
<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. Achord, Shonda, D, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41129 Highway 931

City Gonzales	State LA	Zip Code 70737-6910
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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
07		03		2018

Transaction ID : 42363749

Amount of Each Receipt this Period
250.00

Memo Item

B. Tovarek, Stacy, Lynn, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4681 Rutherford Cir SW

City Port Orchard	State WA	Zip Code 98367-6429
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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 ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		04		2018

Transaction ID : 42368154

Amount of Each Receipt this Period
30.00

Memo Item

C. 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
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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
07		04		2018

Transaction ID : 42368155

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	380.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 151
<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. Wolfe, Christopher, Scott, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6515 S 157th St

City Omaha	State NE	Zip Code 68135-5314
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		04		2018

Transaction ID : 42368156

Amount of Each Receipt this Period
50.00

Memo Item

B. Shirey, Mark, W, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1095 Dominion Dr E

City Mobile	State AL	Zip Code 36695-8475
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		04		2018

Transaction ID : 42368164

Amount of Each Receipt this Period
50.00

Memo Item

C. Walker, Patricia, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2861 Aspen Glade Cove

City Cordova	State TN	Zip Code 38016-4783
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		04		2018

Transaction ID : 42368166

Amount of Each Receipt this Period
45.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.00
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 15 OF 151
	<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	<input type="checkbox"/> 17

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

A. Durham, Jeremy, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1233 N Seasons Ct

City Goddard	State KS	Zip Code 67052-8534
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2018

Transaction ID : 42369857

Amount of Each Receipt this Period
50.00

Memo Item

B. Wallace, Michael, Gerard, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3366 Ambleside Dr

City Flushing	State MI	Zip Code 48433-9784
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2018

Transaction ID : 42369858

Amount of Each Receipt this Period
42.00

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 ▼
583.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2018

Transaction ID : 42369859

Amount of Each Receipt this Period
83.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.34
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 16 OF 151
<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. 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 ▼
583.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2018

Transaction ID : 42369860

Amount of Each Receipt this Period
83.34

Memo Item

B. 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 ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2018

Transaction ID : 42369862

Amount of Each Receipt this Period
125.00

Memo Item

C. 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
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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 ▼
583.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2018

Transaction ID : 42369864

Amount of Each Receipt this Period
83.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	291.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 151
	<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	<input type="checkbox"/> 17

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

A. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1166.69

Date of Receipt 07 / 05 / 2018
Transaction ID : 42369865
 Amount of Each Receipt this Period 166.67
 Memo Item

B. 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 357.00

Date of Receipt 07 / 05 / 2018
Transaction ID : 42369866
 Amount of Each Receipt this Period 51.00
 Memo Item

C. Christoph, Richard, P, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2444 Garfield Ave
 City West Lawn State PA Zip Code 19609-1902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 329.14

Date of Receipt 07 / 05 / 2018
Transaction ID : 42369870
 Amount of Each Receipt this Period 47.02
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	264.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 151
<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. 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
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
707.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2018

Transaction ID : 42396940

Amount of Each Receipt this Period
101.00

Memo Item

B. 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 ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2018

Transaction ID : 42397189

Amount of Each Receipt this Period
125.00

Memo Item

C. Duclos, Lanny, F, Dr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3795 Sun Valley Dr

City Grantsville	State UT	Zip Code 84029-8512
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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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2018

Transaction ID : 42397190

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	276.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 151
	<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	<input type="checkbox"/> 17

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

A. 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 ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : 42397193

Amount of Each Receipt this Period
84.00

Memo Item

B. Soden, Richard, M, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Smithtown Blvd Apt 2A

City Smithtown	State NY	Zip Code 11787-5120
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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 ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : 42397195

Amount of Each Receipt this Period
365.00

Memo Item

C. Kinney, Charles, Henry, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14806 S Rosescape Cir

City Herriman	State UT	Zip Code 84096-6978
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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 M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : 42397196

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	749.00
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 20 OF 151
<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. Ricks, Jason, A, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108 Agate Dr

City Lewistown	State MT	Zip Code 59457-3202
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : 42397197

Amount of Each Receipt this Period
41.67

Memo Item

B. Kerns, Keith, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1020 N High St #315

City Columbus	State OH	Zip Code 43201-2410
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : 42397198

Amount of Each Receipt this Period
16.67

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 ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : 42397199

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	558.34
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 21 OF 151
	<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	<input type="checkbox"/> 17

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

A. Buresh, Karri, Anne, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 S Benchmark Cir
 City Salt Lake Cty State UT Zip Code 84109-1471
 FEC ID number of contributing federal political committee. **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 07 / 06 / 2018
Transaction ID : 42397217
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Caywood, Traer, G, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 977 S 1375 E
 City Springville State UT Zip Code 84663-2865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 06 / 2018
Transaction ID : 42397224
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Holland, Jeannette, Lorraine, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 157th St
 City Basehor State KS Zip Code 66007-7308
 FEC ID number of contributing federal political committee. **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 07 / 03 / 2018
Transaction ID : 42398386
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.00
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 22 OF 151
<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. Newcomb, Curtis, Victor, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9617 Cider Hill Rd

City Redding	State CA	Zip Code 96001-9403
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		03		2018

Transaction ID : 42398391

Amount of Each Receipt this Period
500.00

Memo Item

B. Sorrenson, Laurie, Lyn, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9212 Mystic Oaks Trl

City Austin	State TX	Zip Code 78750-3814
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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
07		03		2018

Transaction ID : 42398392

Amount of Each Receipt this Period
500.00

Memo Item

C. Mc Avoy, Michael Shawn, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 Bunker Hill Rd

City Collinsville	State CT	Zip Code 06019-3716
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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
07		03		2018

Transaction ID : 42398393

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 151
	<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	<input type="checkbox"/> 17

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

A. Ross, Tami, Ra, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9001 Wheatland Dr

City Oklahoma City	State OK	Zip Code 73169-2715
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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
07		03		2018

Transaction ID : 42398395

Amount of Each Receipt this Period
500.00

Memo Item

B. Everett, Mark, G, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3316 W Eagles Nest Ln

City Spokane	State WA	Zip Code 99208-8760
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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
07		03		2018

Transaction ID : 42398397

Amount of Each Receipt this Period
500.00

Memo Item

C. Neighbors, Jeffrey, J, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1420 255th St

City Eagle Grove	State IA	Zip Code 50533-8110
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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 ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2018

Transaction ID : 42422783

Amount of Each Receipt this Period
45.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1045.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 151
	<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. Alsop, Jenny, N, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4418 Augusta Ave Apt A

City Richmond	State VA	Zip Code 23230-3816
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2018

Transaction ID : 42422784

Amount of Each Receipt this Period
50.00

Memo Item

B. Graham, Jessica, Pevery, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14048 S Mill Canyon Peak Dr

City Riverton	State UT	Zip Code 84096-6404
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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 ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2018

Transaction ID : 42422789

Amount of Each Receipt this Period
30.00

Memo Item

C. 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
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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 ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2018

Transaction ID : 42422790

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	580.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 151
	<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. 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 ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2018

Transaction ID : 42422792

Amount of Each Receipt this Period
125.00

Memo Item

B. Bintz, Daniel, G, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Country Place Dr

City Elk City	State OK	Zip Code 73644-1452
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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 ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2018

Transaction ID : 42422793

Amount of Each Receipt this Period
30.00

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 ▼
1325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2018

Transaction ID : 42422796

Amount of Each Receipt this Period
175.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 151
	<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. 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 ▼ 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2018
Transaction ID : 42422798
 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 ▼ 1337.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2018
Transaction ID : 42422799
 Amount of Each Receipt this Period
 191.00
 Memo Item

C. Snow, Christopher, Thomas, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3674 S 300 E
 City Salt Lake City State UT Zip Code 84115-4832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2018
Transaction ID : 42422800
 Amount of Each Receipt this Period
 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	311.00
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 27 OF 151
<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. 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 ▼ 700.00

Date of Receipt **07 / 07 / 2018**
Transaction ID : 42422803
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Sundholm, Lynette, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11006 41st Ave SE
 City Everett State WA Zip Code 98208-5463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 07 / 2018**
Transaction ID : 42422804
 Amount of Each Receipt this Period 30.00
 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 ▼ 1400.00

Date of Receipt **07 / 08 / 2018**
Transaction ID : 42422809
 Amount of Each Receipt this Period 200.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 151
	<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. 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 ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2018

Transaction ID : 42429593

Amount of Each Receipt this Period
250.00

Memo Item

B. Foster, Shane, A, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 Sunset Drive

City Athens	State OH	Zip Code 45701-1610
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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
07		09		2018

Transaction ID : 42429594

Amount of Each Receipt this Period
20.00

Memo Item

C. Theriot, Pamela, Elaine, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1708 Castlewood Dr

City Bossier City	State LA	Zip Code 71111-5137
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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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2018

Transaction ID : 42429595

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	320.00
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 29 OF 151
<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. Barrett, Lee Ann, , DR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1199 E Morgan St

City Boonville	State MO	Zip Code 65233-1336
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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 ▼
418.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2018

Transaction ID : 42429596

Amount of Each Receipt this Period
56.25

Memo Item

B. Heard, Cynthia, Gale, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7781 Tankerston Dr

City Memphis	State TN	Zip Code 38125-3614
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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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2018

Transaction ID : 42429598

Amount of Each Receipt this Period
50.00

Memo Item

C. 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
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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
07		10		2018

Transaction ID : 42433161

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	206.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 151
<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. Webb, Kevin, M, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Walt Kuhn Rd

City Cape Neddick	State ME	Zip Code 03902-7277
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2018

Transaction ID : 42433163

Amount of Each Receipt this Period
50.00

Memo Item

B. Masihdas, David, K, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 150 S 1000 E Ste 100

City Salt Lake City	State UT	Zip Code 84102-1496
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07	/	06	/	2018

Transaction ID : 42443457

Amount of Each Receipt this Period
365.00

Memo Item

C. Randle, Eric, Dale, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 130 W Van Dorn Ave

City Holly Springs	State MS	Zip Code 38635-2902
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07	/	06	/	2018

Transaction ID : 42443463

Amount of Each Receipt this Period
365.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	780.00
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 31 OF 151
<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. McBride, James, S, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 Inglewood Dr

City Tullahoma	State TN	Zip Code 37388-5555
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		06		2018

Transaction ID : 42443464

Amount of Each Receipt this Period
500.00

Memo Item

B. Yecheskel, Hannah, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2755 Cassedy St AH3

City Silver Spring	State MD	Zip Code 20910-1270
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		06		2018

Transaction ID : 42443487

Amount of Each Receipt this Period
225.00

Memo Item

C. Peterson, Scott, David, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2213 E 250 N

City Layton	State UT	Zip Code 84040-3125
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		06		2018

Transaction ID : 42443496

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1025.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 151
	<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. Kinney, Charles, Henry, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14806 S Rosescape Cir

City Herriman	State UT	Zip Code 84096-6978
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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 ▼
665.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : 42443497

Amount of Each Receipt this Period
365.00

Memo Item

B. Long, Deborah, A, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1115 John Short Rd

City Fort Mill	State SC	Zip Code 29707-7633
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		06		2018

Transaction ID : 42443503

Amount of Each Receipt this Period
365.00

Memo Item

C. Sevigny, Mark, D, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1697 Lake Lotela Dr

City Avon Park	State FL	Zip Code 33825-9706
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		06		2018

Transaction ID : 42443507

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1230.00
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 33 OF 151
	<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	<input type="checkbox"/> 17

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

A. Noble, Michael, C, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5609 W Arlington St

City Yakima	State WA	Zip Code 98908-4297
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2018.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2018

Transaction ID : 42443536

Amount of Each Receipt this Period

2018.00

 Memo Item

B. Webb, Kevin, M, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Walt Kuhn Rd

City Cape Neddick	State ME	Zip Code 03902-7277
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2018

Transaction ID : 42444321

Amount of Each Receipt this Period

50.00

 Memo Item

C. Gitchell, Heather, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5524 La Plata Cir

City Boulder	State CO	Zip Code 80301-3525
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		11		2018

Transaction ID : 42444324

Amount of Each Receipt this Period

500.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2568.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 151
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. 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 ▼ 928.58

Date of Receipt 07 / 11 / 2018
Transaction ID : 42444331
 Amount of Each Receipt this Period 214.29
 Memo Item

B. Jackson, John, Mark, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3696 Walnut Grove Rd
 City Memphis State TN Zip Code 38111-6820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 11 / 2018
Transaction ID : 42444333
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 11 / 2018
Transaction ID : 42444334
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	389.29
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 151
	<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. 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
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		11		2018

Transaction ID : 42444335

Amount of Each Receipt this Period
100.00

Memo Item

B. 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
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2018

Transaction ID : 42444336

Amount of Each Receipt this Period
83.34

Memo Item

C. 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
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2018

Transaction ID : 42444337

Amount of Each Receipt this Period
60.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	243.34
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 36 OF 151
<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. Buchanan, Matthew, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5018 Petrified Forest Trl

City Colorado Spgs	State CO	Zip Code 80924-2911
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2018

Transaction ID : 42444338

Amount of Each Receipt this Period
50.00

Memo Item

B. 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
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07	/	12	/	2018

Transaction ID : 42447376

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 2010 Lombardy Ave

City Nashville	State TN	Zip Code 37215-1306
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2018

Transaction ID : 42447378

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 151
<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. Asano, Gary, Wayne, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1809 Manzanita Ln

City Manhattan Bch	State CA	Zip Code 90266-4128
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2018

Transaction ID : 42447379

Amount of Each Receipt this Period
50.00

Memo Item

B. 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 ▼
583.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2018

Transaction ID : 42447380

Amount of Each Receipt this Period
83.34

Memo Item

C. Bateman, Camron, J, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12229 S Flintlock Way

City Herriman	State UT	Zip Code 84096-3473
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		12		2018

Transaction ID : 42447382

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1133.34
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 38 OF 151
	<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. Stokes, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 243 N Lindbergh Blvd
FI 1

City Saint Louis	State MO	Zip Code 63141-7851
---------------------	-------------	------------------------

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

Name of Employer (for Individual) American Optometric Association	Occupation (for Individual) General Counsel
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
468.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2018

Transaction ID : 42447384

Amount of Each Receipt this Period
106.25

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 ▼
1175.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2018

Transaction ID : 42447385

Amount of Each Receipt this Period
165.00

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
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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 ▼
1252.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2018

Transaction ID : 42447386

Amount of Each Receipt this Period
165.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	436.25
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 151
	<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. Parker, Adam, P, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10800 Rimbey Ct

City Glen Allen	State VA	Zip Code 23060-6481
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2018

Transaction ID : 42447387

Amount of Each Receipt this Period
83.34

Memo Item

B. Horn, Barbara, Lynn, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8045 Wacobee Dr

City Myrtle Beach	State SC	Zip Code 29579-5228
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1165.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2018

Transaction ID : 42447388

Amount of Each Receipt this Period
166.67

Memo Item

C. Hymes, Jonathan, F, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1505 Prince St

City Alexandria	State VA	Zip Code 22314-2852
--------------------	-------------	------------------------

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

Name of Employer (for Individual) American Optometric Association	Occupation (for Individual) Executive Director
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1166.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2018

Transaction ID : 42447390

Amount of Each Receipt this Period
166.67

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 151
<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. Hammes, Brian, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18910 Twin Bay Ln

City Kiel	State WI	Zip Code 53042-3759
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07	/	12	/	2018

Transaction ID : 42448598

Amount of Each Receipt this Period
300.00

Memo Item

B. Klaus, Nelson, C, Dr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 833 Shinn Point Rd

City Wilmington	State NC	Zip Code 28409-2113
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07	/	13	/	2018

Transaction ID : 42448733

Amount of Each Receipt this Period
100.00

Memo Item

C. 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
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07	/	13	/	2018

Transaction ID : 42448735

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 151
	<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	<input type="checkbox"/> 17

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

A. Colburn, Christopher, James, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 Winchester Rd

City Lakewood	State NY	Zip Code 14750-1734
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

Transaction ID : 42448736

Amount of Each Receipt this Period
50.00

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
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

Transaction ID : 42448737

Amount of Each Receipt this Period
200.00

Memo Item

C. Cope, James, A., Dr., IV
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1607 S 2900 E

City Spanish Fork	State UT	Zip Code 84660-8903
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
339.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

Transaction ID : 42448738

Amount of Each Receipt this Period
52.17

Memo Item

SUBTOTAL of Receipts This Page (optional).....	302.17
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 42 OF 151
<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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1266.69

Date of Receipt **07 / 13 / 2018**
Transaction ID : 42448739
 Amount of Each Receipt this Period 166.67
 Memo Item

B. Deibert, Chris, R, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Johnson Dr
 City Luray State VA Zip Code 22835-9705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00

Date of Receipt **07 / 13 / 2018**
Transaction ID : 42448740
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Hamilton, Richard, D, Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 Magnolia Rdg
 City Crawfordville State FL Zip Code 32327-8001
 FEC ID number of contributing federal political committee. **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 **07 / 13 / 2018**
Transaction ID : 42448744
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	251.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 151
	<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. Draisin, Neil, William, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 Fairway Village Ln

City Isle Of Palms	State SC	Zip Code 29451-2732
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

Transaction ID : 42448745

Amount of Each Receipt this Period
41.67

Memo Item

B. 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 ▼
1266.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

Transaction ID : 42448746

Amount of Each Receipt this Period
166.67

Memo Item

C. Burns, John, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1407 Houndhill Rd

City Crofton	State MD	Zip Code 21114-3213
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
273.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2018

Transaction ID : 42448749

Amount of Each Receipt this Period
91.25

Memo Item

SUBTOTAL of Receipts This Page (optional).....	299.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 151
<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. Pok, Linen, J, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 4416

City Wilmington	State DE	Zip Code 19807-0416
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2018
Transaction ID : 42448750

Amount of Each Receipt this Period
 35.00

Memo Item

B. Foster, Gregory, Alan, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N4585 Cawley Ave

City Neillsville	State WI	Zip Code 54456-6413
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
 07 / 13 / 2018
Transaction ID : 42451554

Amount of Each Receipt this Period
 365.00

Memo Item

C. 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
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
 07 / 14 / 2018
Transaction ID : 42452223

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 151
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Dietz, Brian, E, Dr.,			Date of Receipt MM / DD / YYYY 07 / 14 / 2018
Mailing Address 3171 Long Rd			Transaction ID : 42452224
City Lima	State OH	Zip Code 45807-2282	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Obie, Larry, G, Dr.,			Date of Receipt MM / DD / YYYY 07 / 14 / 2018
Mailing Address 1330 12th Ave			Transaction ID : 42452225
City Havre	State MT	Zip Code 59501-5401	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Pabalis, Gary, R, Dr.,			Date of Receipt MM / DD / YYYY 07 / 14 / 2018
Mailing Address 11972 W Gamekeeper Dr			Transaction ID : 42452226
City Kuna	State ID	Zip Code 83634-2802	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional).....▶	235.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 151
<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. Magnus, David, Edward, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 2144

City Corrales	State NM	Zip Code 87048-2144
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2018

Transaction ID : 42452227

Amount of Each Receipt this Period
50.00

Memo Item

B. Poulter, William, Craig, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3679 W 8110 S

City West Jordan	State UT	Zip Code 84088-4458
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2018

Transaction ID : 42452228

Amount of Each Receipt this Period
30.00

Memo Item

C. Black, Melissa, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1435 E Venice Ave Unit 110

City Venice	State FL	Zip Code 34292-3074
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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
07		14		2018

Transaction ID : 42452230

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	580.00
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 47 OF 151
	<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. 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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2018

Transaction ID : 42452231

Amount of Each Receipt this Period
100.00

Memo Item

B. 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 ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2018

Transaction ID : 42452232

Amount of Each Receipt this Period
250.00

Memo Item

C. Patera, Gregory, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6256 Sunset Bch

City Lake Odessa	State MI	Zip Code 48849-9652
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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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2018

Transaction ID : 42452234

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 151
<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. Wade, J. Keith, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1614 Otlahurst Dr

City Fairmont	State WV	Zip Code 26554-2029
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2018

Transaction ID : 42452248

Amount of Each Receipt this Period
50.00

Memo Item

B. Ramirez, Antonio, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4017 PALMETTO PALM DRIVE

City PALMHURST	State TX	Zip Code 78573-8547
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2018

Transaction ID : 42452249

Amount of Each Receipt this Period
50.00

Memo Item

C. Hertneky, George, W, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16862 County Road 28

City Brush	State CO	Zip Code 80723-9424
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2018

Transaction ID : 42452250

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

**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 151
<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 ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2018

Transaction ID : 42452251

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
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2083.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2018

Transaction ID : 42452252

Amount of Each Receipt this Period
416.67

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

Transaction ID : 42452257

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	666.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 151
	<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	<input type="checkbox"/> 17

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

A. Ochiltree, Andrew, J, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 651 Canyon Hills Rd

City Kingman	State AZ	Zip Code 86409-1234
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2018

Transaction ID : 42452260

Amount of Each Receipt this Period
50.00

Memo Item

B. Mentzer, Mark, T., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2200 Blairsferry Xing

City Hiawatha	State IA	Zip Code 52233-7900
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2018

Transaction ID : 42452262

Amount of Each Receipt this Period
45.00

Memo Item

C. 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
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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 ▼
1166.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2018

Transaction ID : 42452265

Amount of Each Receipt this Period
166.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	261.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 151
	<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. Ribas Ferreira, Celesta, Fereshteh, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1345 W 67th Pl

City Denver	State CO	Zip Code 80221-2685
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

Transaction ID : 42452267

Amount of Each Receipt this Period
42.00

Memo Item

B. 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 ▼
1166.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

Transaction ID : 42452268

Amount of Each Receipt this Period
166.67

Memo Item

C. Felstet, Tom, R, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4515 Rimrock Rd

City Billings	State MT	Zip Code 59106-1414
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

Transaction ID : 42452269

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	238.67
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 151
	<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. 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 ▼
1166.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

Transaction ID : 42452271

Amount of Each Receipt this Period
166.67

Memo Item

B. Richardson, Norman, Gregory, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1440 Eastridge Dr

City Pocatello	State ID	Zip Code 83201-3103
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

Transaction ID : 42452272

Amount of Each Receipt this Period
30.00

Memo Item

C. Currence, Robert, P, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1600 Judd Cir

City Billings	State MT	Zip Code 59102-6564
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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 M	/	D D D	/	Y Y Y Y Y Y
07		16		2018

Transaction ID : 42452274

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	296.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 151
	<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	<input type="checkbox"/> 17

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

A. Martin, Jeffrey, F, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7772 E Sam Hill Pl

City Tucson	State AZ	Zip Code 85750-7410
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2018

Transaction ID : 42453475

Amount of Each Receipt this Period
100.00

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
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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 ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2018

Transaction ID : 42453479

Amount of Each Receipt this Period
125.00

Memo Item

C. Bender, John, T, Dr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 261 Highway 167

City Daleville	State AL	Zip Code 36322-6564
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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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2018

Transaction ID : 42453480

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
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 54 OF 151
	<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	<input type="checkbox"/> 17

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

A. 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 ▼
595.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2018

Transaction ID : 42453482

Amount of Each Receipt this Period
85.00

Memo Item

B. Stremcha, Gary Michael, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1430 12th St

City Havre	State MT	Zip Code 59501-4688
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07	/	03	/	2018

Transaction ID : 42454734

Amount of Each Receipt this Period
500.00

Memo Item

c. Corbit-Drakulich, Janet, K, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13587 Gold Run Dr

City Reno	State NV	Zip Code 89521-8308
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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 ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2018

Transaction ID : 42454735

Amount of Each Receipt this Period
365.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 151
	<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. Nuchikat, Santosh, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7750 StyraX Ln

City Cincinnati	State OH	Zip Code 45236-3228
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		03		2018

Transaction ID : 42454736

Amount of Each Receipt this Period
300.00

Memo Item

B. Small, Craig, Kevin, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 Teague St

City Caribou	State ME	Zip Code 04736-2729
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		03		2018

Transaction ID : 42454737

Amount of Each Receipt this Period
250.00

Memo Item

c. Harshberger, David, Wayne, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 652 N Main St

City N Martinsvllle	State WV	Zip Code 26155-1413
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		06		2018

Transaction ID : 42454845

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
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 56 OF 151
<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. Knight, Millicent, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7500 Centurion Parkway Ste 100

City Jacksonville	State FL	Zip Code 32256-0517
----------------------	-------------	------------------------

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 ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2018

Transaction ID : 42454863

Amount of Each Receipt this Period
2000.00

Memo Item

B. Peterson, Charles, W, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3728 Harry Cooper Pl

City Billings	State MT	Zip Code 59106-1025
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2018

Transaction ID : 42454864

Amount of Each Receipt this Period
500.00

Memo Item

C. Marbourg, James, W, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5170 Trace Crossings Dr

City Hoover	State AL	Zip Code 35244-3954
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		09		2018

Transaction ID : 42454865

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 57 OF 151
	<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	<input type="checkbox"/> 17

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

A. Costabile, Thomas, Anthony, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2317 New Hope Church Rd

City Chapel Hill	State NC	Zip Code 27514-8217
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		09		2018

Transaction ID : 42454866

Amount of Each Receipt this Period
250.00

Memo Item

B. Tack, Terence, O, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 817 Bodine Rd

City Kelso	State WA	Zip Code 98626-9613
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		11		2018

Transaction ID : 42455052

Amount of Each Receipt this Period
500.00

Memo Item

c. Ryfkogel, Kenneth, Lee, Dr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 4297

City Kailua Kona	State HI	Zip Code 96745-4297
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		11		2018

Transaction ID : 42455053

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 58 OF 151
	<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. Warner, Jonathan, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16362 County Road 144

City Kenton	State OH	Zip Code 43326-9546
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		11		2018

Transaction ID : 42455054

Amount of Each Receipt this Period
250.00

Memo Item

B. Law, Michael, A, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 605 Paradise Heights Dr

City Berryville	State AR	Zip Code 72616-8821
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		11		2018

Transaction ID : 42455055

Amount of Each Receipt this Period
250.00

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 ▼
1220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : 42455075

Amount of Each Receipt this Period
80.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	580.00
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 59 OF 151
<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. 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 ▼
1120.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : 42455076

Amount of Each Receipt this Period
80.00

Memo Item

B. 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 ▼
615.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2018

Transaction ID : 42455951

Amount of Each Receipt this Period
85.00

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
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1020.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2018

Transaction ID : 42455952

Amount of Each Receipt this Period
170.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	335.00
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 60 OF 151
	<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. Kreinest, Christina, Marie, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 Wild Lake Dr

City Ryland Heights	State KY	Zip Code 41015-9574
------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2018

Transaction ID : 42455954

Amount of Each Receipt this Period
42.00

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 ▼
1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2018

Transaction ID : 42455956

Amount of Each Receipt this Period
200.00

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
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1166.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2018

Transaction ID : 42455958

Amount of Each Receipt this Period
166.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	408.67
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 151
	<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. Vanderfelt, Donald, J, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26683 Highway D
 City California State MO Zip Code 65018-9802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **07 / 17 / 2018**
Transaction ID : 42457830
 Amount of Each Receipt this Period 1200.00
 Memo Item

B. Amundsen, Dean, Kenton, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1548 Calle La Cumbre
 City Camarillo State CA Zip Code 93010-1819
 FEC ID number of contributing federal political committee. **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 **07 / 17 / 2018**
Transaction ID : 42457832
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Pierce, Eric, Brent, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1558 Oakley Ave
 City Burley State ID Zip Code 83318-1805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 17 / 2018**
Transaction ID : 42457834
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2200.00
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 62 OF 151
<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. Oman, Delbert, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 West 218 South

City Burley	State ID	Zip Code 83318-5759
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
 07 / 17 / 2018

Transaction ID : 42457836

Amount of Each Receipt this Period
500.00

Memo Item

B. Glass, James, Randall, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3403 Jack Cullen Dr

City Texarkana	State AR	Zip Code 71854-2500
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
 07 / 17 / 2018

Transaction ID : 42457840

Amount of Each Receipt this Period
500.00

Memo Item

C. Prell, Joe, Gregg, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 545 Reed St

City Reedsburg	State WI	Zip Code 53959-1302
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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 M / D D D / Y Y Y Y Y Y
 07 / 17 / 2018

Transaction ID : 42457841

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.00
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 63 OF 151
	<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	<input type="checkbox"/> 17

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

A. 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 ▼ 616.00

Date of Receipt 07 / 17 / 2018
Transaction ID : 42457904
 Amount of Each Receipt this Period 88.00
 Memo Item

B. Bessler, Deborah, Kay, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 Franklin Dr
 City Crete State NE Zip Code 68333-2515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 17 / 2018
Transaction ID : 42457923
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Gengenbach, Eric, R, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32830 Road 761
 City Grant State NE Zip Code 69140-3202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 200.04

Date of Receipt 07 / 17 / 2018
Transaction ID : 42457929
 Amount of Each Receipt this Period 33.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	161.34
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 64 OF 151
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Gengenbach, Victoria, A, Dr.,

Mailing Address 32830 Road 761

City Grant	State NE	Zip Code 69140-3202
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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 ▼
200.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2018

Transaction ID : 42457930

Amount of Each Receipt this Period
33.34

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Greder, Scott, L, Dr.,

Mailing Address 20008 Dewey Ave

City Elkhorn	State NE	Zip Code 68022-2769
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2018

Transaction ID : 42457931

Amount of Each Receipt this Period
33.34

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. McCormick, Walter, Craig, Dr.,

Mailing Address 924 Tibbals St

City Holdrege	State NE	Zip Code 68949-1653
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2018

Transaction ID : 42457936

Amount of Each Receipt this Period
34.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 151
<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. Salansky, Paul, L, Dr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2521 Whitaker Rd

City Nebraska City	State NE	Zip Code 68410-1025
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2018

Transaction ID : 42457939

Amount of Each Receipt this Period

33.34

 Memo Item

B. Toelle, Mark, A, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16258 Craig Ave

City Bennington	State NE	Zip Code 68007-1885
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2018

Transaction ID : 42458254

Amount of Each Receipt this Period

33.34

 Memo Item

C. Vandervort, Robert, Stephen, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16019 Lake Cir

City Omaha	State NE	Zip Code 68116-2425
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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 ▼
200.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2018

Transaction ID : 42458448

Amount of Each Receipt this Period

33.34

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 151
	<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	<input type="checkbox"/> 17

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

A. Vandervort, Vicky, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16019 Lake Cir
 City Omaha State NE Zip Code 68116-2425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 200.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2018
Transaction ID : 42458637
 Amount of Each Receipt this Period
 33.34
 Memo Item

B. Vorhies, Ted, R., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2941 Jackson Dr
 City Lincoln State NE Zip Code 68502-5037
 FEC ID number of contributing federal political committee. **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
 07 / 17 / 2018
Transaction ID : 42458704
 Amount of Each Receipt this Period
 240.00
 Memo Item

C. Wright, Darren, J, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1702 M St
 City Auburn State NE Zip Code 68305-2146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 200.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2018
Transaction ID : 42458705
 Amount of Each Receipt this Period
 33.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	306.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 151
<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. Yanak, Barbara, M, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2577 Burlington Tpke

City Towanda	State PA	Zip Code 18848-8458
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2018

Transaction ID : 42463617

Amount of Each Receipt this Period
50.00

Memo Item

B. Crandall, Melanie, A, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1012 N Ocean Blvd Apt 202

City Pompano Beach	State FL	Zip Code 33062-4013
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2018

Transaction ID : 42463619

Amount of Each Receipt this Period
50.00

Memo Item

C. Hartley, Jonathan, M, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2402 Heights Ave

City Cody	State WY	Zip Code 82414-9822
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		19		2018

Transaction ID : 42463620

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1100.00
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 68 OF 151
<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. Pugh, Ronald, M, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 840 E 300 N

City Spanish Fork	State UT	Zip Code 84660-1961
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
213.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2018

Transaction ID : 42463623

Amount of Each Receipt this Period
33.34

Memo Item

B. 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 ▼
1166.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2018

Transaction ID : 42463624

Amount of Each Receipt this Period
166.67

Memo Item

C. Albers, Mitchell, H, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 74 Edgecumbe Dr

City Mahtomedi	State MN	Zip Code 55115-1822
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		18		2018

Transaction ID : 42464223

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 151
	<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. Hardison, Jerry, Samuel, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Scarsdale Rd

City West Hartford	State CT	Zip Code 06107-3338
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		18		2018

Transaction ID : 42464225

Amount of Each Receipt this Period
365.00

Memo Item

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

Mailing Address 12512 Rosy Cir

City Los Angeles	State CA	Zip Code 90066-6927
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2018

Transaction ID : 42464226

Amount of Each Receipt this Period
1000.00

Memo Item

C. LaMarre, Jeffery, Albert, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1850 Aspen Dr

City Zanesville	State OH	Zip Code 43701-1592
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		18		2018

Transaction ID : 42464229

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1865.00
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 70 OF 151
	<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. Fortman, Karen, T, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11613 State Route 362

City Minster	State OH	Zip Code 45865-9370
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		19		2018

Transaction ID : 42464241

Amount of Each Receipt this Period
240.00

Memo Item

B. 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 ▼
583.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42464673

Amount of Each Receipt this Period
83.34

Memo Item

C. 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 ▼
1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42464674

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	523.34
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 71 OF 151
	<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. 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
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1166.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42464675

Amount of Each Receipt this Period
166.67

Memo Item

B. Carlsson, Chad, Allen, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1415 S Sandstone St

City Gilbert	State AZ	Zip Code 85296-4370
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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 ▼
212.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42464676

Amount of Each Receipt this Period
30.42

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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42464678

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	297.09
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 72 OF 151
	<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 ▼
1166.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42464679

Amount of Each Receipt this Period
166.67

Memo Item

B. Mackner, Andrew, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42005 Fawn Oaks Est

City Dent	State MN	Zip Code 56528-9161
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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 ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42464680

Amount of Each Receipt this Period
42.00

Memo Item

C. 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
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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 ▼
583.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42464681

Amount of Each Receipt this Period
83.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	292.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 151
	<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. 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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42464682

Amount of Each Receipt this Period
50.00

Memo Item

B. Horowitz, Mitchell, Ian, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Truman Dr

City Marlboro	State NJ	Zip Code 07746-1121
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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 ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42464684

Amount of Each Receipt this Period
42.00

Memo Item

C. Citek, Karl, M, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 432

City Forest Grove	State OR	Zip Code 97116-0432
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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 ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42464685

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	132.00
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 74 OF 151
<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
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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
07	/	20	/	2018

Transaction ID : 42464687

Amount of Each Receipt this Period
125.00

Memo Item

B. Jensen, Denmark, R, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 547 S 1500 W

City Layton	State UT	Zip Code 84041-7173
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07	/	20	/	2018

Transaction ID : 42464688

Amount of Each Receipt this Period
45.00

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
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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
07	/	20	/	2018

Transaction ID : 42464690

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	420.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 151
	<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. Robertson, Melia, R, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 404 Mallard Ln
 City Russellville State AR Zip Code 72801-4765
 FEC ID number of contributing federal political committee. **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 07 / 20 / 2018
Transaction ID : 42465623
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Bennett, David, W, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5662 Platinum Dr
 City Grove City State OH Zip Code 43123-8271
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 21 / 2018
Transaction ID : 42466020
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Gustafson, Paul, L, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 159 Sunflower St
 City Casper State WY Zip Code 82604-3805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00

Date of Receipt 07 / 21 / 2018
Transaction ID : 42466023
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	460.00
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 76 OF 151
	<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. Redman, David, Michael, 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
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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 ▼
595.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2018

Transaction ID : 42466024

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
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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 ▼
1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2018

Transaction ID : 42466025

Amount of Each Receipt this Period
200.00

Memo Item

C. Maki, Matthew, J, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135 W Church St

City Williamston	State MI	Zip Code 48895-1119
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2018

Transaction ID : 42466048

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	335.00
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 77 OF 151
	<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. 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 ▼ 700.00

Date of Receipt 07 / 22 / 2018
Transaction ID : 42466049
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Homa-Palladino, Marie, Theresa, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1533 Pennsylvania Ave
 City Paoli State PA Zip Code 19301-2020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 22 / 2018
Transaction ID : 42466051
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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 ▼ 525.00

Date of Receipt 07 / 22 / 2018
Transaction ID : 42466054
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
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 78 OF 151
	<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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 07 / 22 / 2018
Transaction ID : 42466055
 Amount of Each Receipt this Period 200.00
 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 ▼ 1166.69

Date of Receipt 07 / 22 / 2018
Transaction ID : 42466056
 Amount of Each Receipt this Period 166.67
 Memo Item

C. Ohlsen, Nils, W, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24999 E Pine Point Ct
 City Liberty Lake State WA Zip Code 99019-6002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 22 / 2018
Transaction ID : 42466057
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	416.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 151
	<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. Mitzel Fenno, Cheryl, , 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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2018

Transaction ID : 42466058

Amount of Each Receipt this Period
50.00

Memo Item

B. Fallin, Kelly, D, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2400 Glenna Goodacre Blvd Apt 2214

City Lubbock	State TX	Zip Code 79401-2260
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2018

Transaction ID : 42466060

Amount of Each Receipt this Period
50.00

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
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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 ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2018

Transaction ID : 42466486

Amount of Each Receipt this Period
200.00

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 151
	<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 11020 N 130th Way

City Scottsdale	State AZ	Zip Code 85259-4430
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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,PHD
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1166.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2018

Transaction ID : 42466489

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
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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 ▼
583.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2018

Transaction ID : 42466493

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
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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 ▼
1166.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2018

Transaction ID : 42466494

Amount of Each Receipt this Period
166.67

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 151
	<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. Thompson, Chad, Justin, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 409 N Western Ave

City Beloit	State KS	Zip Code 67420-1847
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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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2018

Transaction ID : 42466495

Amount of Each Receipt this Period
50.00

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 ▼
1167.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

Transaction ID : 42467600

Amount of Each Receipt this Period
166.53

Memo Item

C. Banta, Aaron, Michael, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3623 Nottingham Drive

City Richland	State WA	Zip Code 99352-8637
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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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

Transaction ID : 42467601

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	266.53
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 82 OF 151
	<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. Huynh, Andy, G, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 Teddy Dr

City Avon	State MA	Zip Code 02322-1151
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

Transaction ID : 42467602

Amount of Each Receipt this Period
41.67

Memo Item

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

Mailing Address 689 Hartford St

City Worthington	State OH	Zip Code 43085-4121
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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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

Transaction ID : 42467604

Amount of Each Receipt this Period
100.00

Memo Item

C. Swiecicki, Mira, B, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 664 Clark Rd

City Bellingham	State WA	Zip Code 98225-7842
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1064.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

Transaction ID : 42467605

Amount of Each Receipt this Period
187.88

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	329.55
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 83 OF 151
	<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. 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
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1166.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

Transaction ID : 42467606

Amount of Each Receipt this Period
166.67

Memo Item

B. 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
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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
07		24		2018

Transaction ID : 42467607

Amount of Each Receipt this Period
250.00

Memo Item

C. Carroll, Martin, Howard, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3700 Essex Rd

City Cheyenne	State WY	Zip Code 82001-1641
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

Transaction ID : 42467608

Amount of Each Receipt this Period
225.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	641.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 151
	<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. 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
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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 ▼
1166.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

Transaction ID : 42467611

Amount of Each Receipt this Period
166.67

Memo Item

B. 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 ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

Transaction ID : 42467612

Amount of Each Receipt this Period
125.00

Memo Item

C. Eagles, Keirsten, D, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4048 River Rd N

City Keizer	State OR	Zip Code 97303-5501
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

Transaction ID : 42467613

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	341.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 85 OF 151
<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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2018
Transaction ID : 42467615
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Lin, Susan, Yean, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Vardon Way
 City Farmingdale State NJ Zip Code 07727-3955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2018
Transaction ID : 42467616
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Mearsha, Ronald, L, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 224 N 54th Ave
 City Greeley State CO Zip Code 80634-4253
 FEC ID number of contributing federal political committee. **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
 07 / 24 / 2018
Transaction ID : 42467617
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 151
<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. Schneebeck, Jeri, Ann, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10036 E Pinewood Dr

City Parker	State CO	Zip Code 80138-7804
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

Transaction ID : 42467618

Amount of Each Receipt this Period
200.00

Memo Item

B. Cocke, Dana, A, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5625 N 45th St

City Tacoma	State WA	Zip Code 98407-2808
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

Transaction ID : 42467619

Amount of Each Receipt this Period
41.88

Memo Item

C. Easton, Robert, M, Dr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1587 NE 39th St

City Oakland Park	State FL	Zip Code 33334-4629
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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 ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

Transaction ID : 42467623

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	271.88
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 87 OF 151
	<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. Abert, Brian, C, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2624 E 137th PI

City Thornton	State CO	Zip Code 80602-7240
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

Transaction ID : 42467624

Amount of Each Receipt this Period
50.00

Memo Item

B. Jones, Dustin, J, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 705 Taft Ave

City Salmon	State ID	Zip Code 83467-3256
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

Transaction ID : 42467625

Amount of Each Receipt this Period
50.00

Memo Item

C. 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
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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 ▼
1266.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

Transaction ID : 42467626

Amount of Each Receipt this Period
166.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	266.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 151
<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. Ono, Curtis, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 822 W Barrett St

City Seattle	State WA	Zip Code 98119-1829
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
962.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2018

Transaction ID : 42467627

Amount of Each Receipt this Period
207.50

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 ▼
583.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2018

Transaction ID : 42474142

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 ▼
1166.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2018

Transaction ID : 42474143

Amount of Each Receipt this Period
166.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	457.51
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 89 OF 151
<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. 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 ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2018

Transaction ID : 42474145

Amount of Each Receipt this Period
125.00

Memo Item

B. Fries, Timothy, D, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 561 Lambourne Ave

City Worthington	State OH	Zip Code 43085-2452
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		25		2018

Transaction ID : 42474148

Amount of Each Receipt this Period
84.00

Memo Item

C. 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 ▼
1166.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2018

Transaction ID : 42474150

Amount of Each Receipt this Period
166.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 90 OF 151
<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 ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2018

Transaction ID : 42474151

Amount of Each Receipt this Period
250.00

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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2018

Transaction ID : 42474152

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 ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2018

Transaction ID : 42474153

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 91 OF 151
	<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. Manning, Bruce, L, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 487 Whitebark Cir
 City Wadsworth State OH Zip Code 44281-2299
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 217.00

Date of Receipt 07 / 25 / 2018
Transaction ID : 42474154
 Amount of Each Receipt this Period 31.00
 Memo Item

B. Ratcliff, William, L, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 10th St
 City Huntington State WV Zip Code 25701-2222
 FEC ID number of contributing federal political committee. **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 07 / 25 / 2018
Transaction ID : 42474156
 Amount of Each Receipt this Period 62.50
 Memo Item

C. 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 ▼ 588.00

Date of Receipt 07 / 25 / 2018
Transaction ID : 42474157
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	177.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 92 OF 151
<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. 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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

Transaction ID : 42477685

Amount of Each Receipt this Period
100.00

Memo Item

B. 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
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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 ▼
1266.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

Transaction ID : 42477687

Amount of Each Receipt this Period
166.67

Memo Item

C. 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
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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 ▼
1174.09

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

Transaction ID : 42477689

Amount of Each Receipt this Period
185.19

Memo Item

SUBTOTAL of Receipts This Page (optional).....	451.86
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 93 OF 151
<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. 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
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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
07		26		2018

Transaction ID : 42477691

Amount of Each Receipt this Period
100.00

Memo Item

B. Moore, Thomas, W, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1409 Sweetbrier Road

City Charleston	State WV	Zip Code 25314-1908
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

Transaction ID : 42477692

Amount of Each Receipt this Period
50.00

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
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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 ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

Transaction ID : 42477693

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	234.00
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 94 OF 151
<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. Hobbs, Thomas, W, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 NE 550th Rd
 City Warrensburg State MO Zip Code 64093-7473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 26 / 2018**
Transaction ID : 42477694
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Zieman, Blaine, G, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2400 32nd Ave S
 City Fargo State ND Zip Code 58103-5800
 FEC ID number of contributing federal political committee. **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 **07 / 26 / 2018**
Transaction ID : 42477695
 Amount of Each Receipt this Period 75.00
 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 ▼ 750.00

Date of Receipt **07 / 26 / 2018**
Transaction ID : 42477696
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	375.00
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 95 OF 151
	<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	<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 ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2018

Transaction ID : 42477698

Amount of Each Receipt this Period
100.00

Memo Item

B. Carter, Randy, Bryan, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Longwood Ln

City Sandy	State UT	Zip Code 84092-4856
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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 ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2018

Transaction ID : 42477699

Amount of Each Receipt this Period
50.00

Memo Item

C. Judkins, Michael, M., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2438 S 1475 W

City Syracuse	State UT	Zip Code 84075-8639
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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 ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2018

Transaction ID : 42477700

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	180.00
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 96 OF 151
	<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	<input type="checkbox"/> 17

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

A. Wright, Sabre, A, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1219 W Holt Ave

City Harrison	State AR	Zip Code 72601-3273
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

Transaction ID : 42477702

Amount of Each Receipt this Period
30.00

Memo Item

B. 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
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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 ▼
1458.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

Transaction ID : 42477704

Amount of Each Receipt this Period
208.34

Memo Item

c. Harper Hunt, Sheena, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22184 Mountaineer Dr

City Seneca Rocks	State WV	Zip Code 26884-7007
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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 ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

Transaction ID : 42481928

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	268.34
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 97 OF 151
	<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. 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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

Transaction ID : 42481929

Amount of Each Receipt this Period
100.00

Memo Item

B. Laughlin, C. David, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Sands Dr

City Fairmont	State WV	Zip Code 26554-2426
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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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

Transaction ID : 42481931

Amount of Each Receipt this Period
50.00

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
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		27		2018

Transaction ID : 42481932

Amount of Each Receipt this Period
90.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	240.00
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 98 OF 151
<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. Tope, Larry, E, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 252
 City Paulding State OH Zip Code 45879-0252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 27 / 2018
Transaction ID : 42481934
 Amount of Each Receipt this Period 30.00
 Memo Item

B. 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 ▼ 1166.76

Date of Receipt 07 / 27 / 2018
Transaction ID : 42481935
 Amount of Each Receipt this Period 166.68
 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 ▼ 583.38

Date of Receipt 07 / 27 / 2018
Transaction ID : 42481936
 Amount of Each Receipt this Period 83.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	280.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 151
<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. Sirott, Michael, Justin, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 10772

City Spokane	State WA	Zip Code 99209-0772
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

Transaction ID : 42481937

Amount of Each Receipt this Period
30.00

Memo Item

B. 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
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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
07		27		2018

Transaction ID : 42481938

Amount of Each Receipt this Period
150.00

Memo Item

C. 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 ▼
552.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

Transaction ID : 42481939

Amount of Each Receipt this Period
93.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	273.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 100 OF 151
<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. Walker, Gary, P, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1733 W Wildflower Ln

City Twin Falls	State ID	Zip Code 83301-3691
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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 ▼
262.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2018

Transaction ID : 42481941

Amount of Each Receipt this Period
37.50

Memo Item

B. Walker, Jared, P, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 609 Diamond Dr

City Kimberly	State ID	Zip Code 83341-1938
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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 ▼
262.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2018

Transaction ID : 42481944

Amount of Each Receipt this Period
37.50

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 ID CA	Zip Code 91344-4038
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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 ▼
595.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2018

Transaction ID : 42481945

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	160.00
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 101 OF 151
	<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	<input type="checkbox"/> 17

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

A. Peaslee, Alan, G, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11207 Dellcrest Dr SE

City Huntsville	State AL	Zip Code 35803-1603
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07	/	20	/	2018

Transaction ID : 42484059

Amount of Each Receipt this Period
365.00

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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2018

Transaction ID : 42484065

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 ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2018

Transaction ID : 42484066

Amount of Each Receipt this Period
80.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	525.00
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 102 OF 151
<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. Taylor, Mark, Allen, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 982 Mary Margaret Drive

City Kaysville	State UT	Zip Code 84037-6831
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484902

Amount of Each Receipt this Period
40.00

Memo Item

B. Goodfellow, Geoffrey, W, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 260 Aspen Dr

City Beecher	State IL	Zip Code 60401-5123
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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 ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484903

Amount of Each Receipt this Period
45.00

Memo Item

C. 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
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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 ▼
910.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484905

Amount of Each Receipt this Period
170.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 151
<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. 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 ▼
1503.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2018

Transaction ID : 42484906

Amount of Each Receipt this Period
501.00

Memo Item

B. Gilbert, Diana, W, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8050 S Port Dr

City West Chester	State OH	Zip Code 45069-9234
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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 ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2018

Transaction ID : 42484911

Amount of Each Receipt this Period
30.00

Memo Item

C. Thau, Andrea, P, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 145 East 84th Street
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 ▼
1166.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2018

Transaction ID : 42484912

Amount of Each Receipt this Period
166.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	697.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 151
	<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. 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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484914

Amount of Each Receipt this Period
100.00

Memo Item

B. Lewis, Scott, Ryan, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1565 E Leigh Field Dr Ste 100

City Meridian	State ID	Zip Code 83646-5371
------------------	-------------	------------------------

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 ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484916

Amount of Each Receipt this Period
41.67

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 ▼
583.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484917

Amount of Each Receipt this Period
83.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 151
<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. Toon, Julie, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2204 N Longwood Cir

City Wichita	State KS	Zip Code 67226-1157
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484918

Amount of Each Receipt this Period
50.00

Memo Item

B. 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
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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 ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484919

Amount of Each Receipt this Period
125.00

Memo Item

C. 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
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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 ▼
1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484923

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.00
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 106 OF 151
	<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	<input type="checkbox"/> 17

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

A. Richman, Maria, Santullo, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 136 Main St

City Manasquan	State NJ	Zip Code 08736-3558
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484924

Amount of Each Receipt this Period
41.67

Memo Item

B. Richman, Harvey, B, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 136 Main St

City Manasquan	State NJ	Zip Code 08736-3558
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484925

Amount of Each Receipt this Period
41.67

Memo Item

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

Mailing Address 58 W Separation Canyon Trl

City Flagstaff	State AZ	Zip Code 86001-8362
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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
07		28		2018

Transaction ID : 42484926

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	183.34
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 107 OF 151
<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. Plowmaker Carrasco, Melissa, Kay, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Egret Cir

City Denver	State PA	Zip Code 17517-9624
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		28		2018

Transaction ID : 42484927

Amount of Each Receipt this Period
50.00

Memo Item

B. Ratcliff, Chris, A, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 919 5th Ave Ste 100

City Huntington	State WV	Zip Code 25701-2011
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
256.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484930

Amount of Each Receipt this Period
68.75

Memo Item

C. 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 ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484931

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	368.75
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 108 OF 151
	<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	<input type="checkbox"/> 17

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

A. Eckroth, Craig, Timothy, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 780 Finley Ln

City Craig	State CO	Zip Code 81625-3237
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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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484933

Amount of Each Receipt this Period
50.00

Memo Item

B. Eischens, George, N, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 810 Wynwood Dr

City Prattville	State AL	Zip Code 36067-2013
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484934

Amount of Each Receipt this Period
45.00

Memo Item

C. Anderson, Stuart, I, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3731 W Lilac Heights Dr

City South Jordan	State UT	Zip Code 84095-5100
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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 ▼
215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484935

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	130.00
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 109 OF 151
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 385 Miller Way

City Farmington	State UT	Zip Code 84025-4508
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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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484936

Amount of Each Receipt this Period
45.00

Memo Item

B. Bowker, Scott, Alan, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1618 Northwood Dr

City Denison	State IA	Zip Code 51442-1084
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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 ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484938

Amount of Each Receipt this Period
45.00

Memo Item

C. Santelli, Natalie, Christine, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2027 Hyline Dr

City Fort Collins	State CO	Zip Code 80526-2231
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
213.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484939

Amount of Each Receipt this Period
30.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 110 OF 151
<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. 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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2018

Transaction ID : 42484940

Amount of Each Receipt this Period
100.00

Memo Item

B. 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 ▼
590.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2018

Transaction ID : 42484941

Amount of Each Receipt this Period
30.00

Memo Item

C. Knotts, Marjorie, Jane, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6120 Guilford Ave

City Indianapolis	State IN	Zip Code 46220-1940
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2018

Transaction ID : 42484943

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	160.00
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 111 OF 151
	<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. 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 ▼
630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484944

Amount of Each Receipt this Period
90.00

Memo Item

B. Patrick, Carey, Aston, 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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484946

Amount of Each Receipt this Period
100.00

Memo Item

C. Franklin, Shannon, C, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 427 Cranberry Ln

City Crozet	State VA	Zip Code 22932-3160
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484947

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	231.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 112 OF 151
<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. Nehring, Scott, Leonard, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32840 S Meridian Rd

City Woodburn	State OR	Zip Code 97071-8768
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484949

Amount of Each Receipt this Period
42.00

Memo Item

B. Nye, Thomas, E, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 712 Dayton Street
Suite 2

City Hamilton	State OH	Zip Code 45011-3413
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		28		2018

Transaction ID : 42484950

Amount of Each Receipt this Period
50.00

Memo Item

C. Davis, James, R, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2724 Surrey Ln

City Idaho Falls	State ID	Zip Code 83404-7143
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484951

Amount of Each Receipt this Period
45.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	137.00
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 113 OF 151
	<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. Gordon, Sarah, C, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 252 Inverness Center Dr

City Birmingham	State AL	Zip Code 35242-4834
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484952

Amount of Each Receipt this Period
50.00

Memo Item

B. Kraupa, Gregory, W., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1965 11th Ave E Ste 101

City Maplewood	State MN	Zip Code 55109-5168
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484953

Amount of Each Receipt this Period
42.00

Memo Item

C. 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 ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484958

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	176.00
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 114 OF 151
<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. McDowell, Gavin, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2508 Rosewood Cir

City Jonesboro	State AR	Zip Code 72401-5936
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484962

Amount of Each Receipt this Period
30.00

Memo Item

B. 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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484963

Amount of Each Receipt this Period
100.00

Memo Item

C. Nichols, Michael, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3910 Foxcreek Way

City Columbia	State MO	Zip Code 65203-8855
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		28		2018

Transaction ID : 42484964

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
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 115 OF 151
	<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	<input type="checkbox"/> 17

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

A. Smith Zolman, Jennifer, M, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 141 Sea Cotton Cir

City Charleston	State SC	Zip Code 29412-8296
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
391.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2018

Transaction ID : 42484965

Amount of Each Receipt this Period
41.67

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 ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2018

Transaction ID : 42484966

Amount of Each Receipt this Period
250.00

Memo Item

C. Fair, Rodney, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1169 Coneflower Way

City Brighton	State CO	Zip Code 80601-6785
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2018

Transaction ID : 42484967

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	333.34
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 116 OF 151
	<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	<input type="checkbox"/> 17

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

A. Davis, Jennifer, E, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 Handley Way

City Afton	State VA	Zip Code 22920-1554
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2018

Transaction ID : 42484969

Amount of Each Receipt this Period
41.67

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 ▼
1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2018

Transaction ID : 42484970

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 ▼
1169.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2018

Transaction ID : 42484971

Amount of Each Receipt this Period
167.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	408.67
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 117 OF 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2018
Transaction ID : 42484972
 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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2018
Transaction ID : 42484973
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Busche, Amber, L, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4171 Lyric Falls Ct
 City Loveland State CO Zip Code 80538-7147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2018
Transaction ID : 42484975
 Amount of Each Receipt this Period
 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 118 OF 151
<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. 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: 583.38

Date of Receipt: 07 / 28 / 2018
Transaction ID : 42484977
 Amount of Each Receipt this Period: 83.34
 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: 400.00

Date of Receipt: 07 / 28 / 2018
Transaction ID : 42484981
 Amount of Each Receipt this Period: 25.00
 Memo Item

C. Lee, Mark, R, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 184
 City: Blue Diamond, State: NV, Zip Code: 89004-0184
 FEC ID number of contributing federal political committee: C
 Name of Employer (for Individual): Self Employed, Occupation (for Individual): Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 315.00

Date of Receipt: 07 / 28 / 2018
Transaction ID : 42484984
 Amount of Each Receipt this Period: 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	153.34
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 119 OF 151
	<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	<input type="checkbox"/> 17

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

A. 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
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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
07		28		2018

Transaction ID : 42484985

Amount of Each Receipt this Period
100.00

Memo Item

B. 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 ▼
2916.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484986

Amount of Each Receipt this Period
416.67

Memo Item

C. Starkey, Belinda, R, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1723 S 43rd St

City Rogers	State AR	Zip Code 72758-4062
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484987

Amount of Each Receipt this Period
45.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	561.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 151
	<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	<input type="checkbox"/> 17

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

A. 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 ▼
1325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484988

Amount of Each Receipt this Period
175.00

Memo Item

B. Hennessey, Daniel, J, Dr., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Westchester Ct

City Little Rock	State AR	Zip Code 72223-4322
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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 ▼
590.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484989

Amount of Each Receipt this Period
85.00

Memo Item

C. Hicks, Jesse, S, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3240 Huntington Place Dr

City Sarasota	State FL	Zip Code 34237-3800
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2018

Transaction ID : 42484992

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	301.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 121 OF 151
<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. Coleman, Beth, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10317 49th St NE

City Albertville	State MN	Zip Code 55301-3525
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Minnesota Optometric Association	Occupation (for Individual) Executive Director
---	---

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
07		24		2018

Transaction ID : 42507918

Amount of Each Receipt this Period
25.00

Memo Item

B. Roland, Nathaniel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15140 SW Barrows Rd Apt 304

City Beaverton	State OR	Zip Code 97007-3312
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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 ▼
334.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2018

Transaction ID : 42507922

Amount of Each Receipt this Period
167.00

Memo Item

C. Lawson, Kenneth, W, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5302 26th Avenue Ct W

City Bradenton	State FL	Zip Code 34209-5661
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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
07		20		2018

Transaction ID : 42507957

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	442.00
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 122 OF 151
	<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	<input type="checkbox"/> 17

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

A. Burns-LeGros, Denise, M, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 395 Newport Dr

City Indialantic	State FL	Zip Code 32903-4031
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		20		2018

Transaction ID : 42507958

Amount of Each Receipt this Period
2000.00

Memo Item

B. Hertzog, James, Mark, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 65 Hunters Chase Cv

City Cabot	State AR	Zip Code 72023-7895
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		20		2018

Transaction ID : 42507961

Amount of Each Receipt this Period
250.00

Memo Item

C. Mazza, Lori, A, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1951 Richard Ln

City West Palm Bch	State FL	Zip Code 33406-6532
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		20		2018

Transaction ID : 42507962

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 123 OF 151
<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. Menjivar, Juan, A, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1414 SE 8th St

City Ocala	State FL	Zip Code 34471-4057
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		20		2018

Transaction ID : 42507964

Amount of Each Receipt this Period
50.00

Memo Item

B. Pikal, Amy, J, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7305 N Military Trl

City Riviera Beach	State FL	Zip Code 33410-7417
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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 M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42507967

Amount of Each Receipt this Period
300.00

Memo Item

C. Thai, Hang, H, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1008 Algare Loop

City Windermere	State FL	Zip Code 34786-6043
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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
07		20		2018

Transaction ID : 42507970

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 124 OF 151
	<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. Menjivar, Annie, M, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1414 SE 8th St

City Ocala	State FL	Zip Code 34471-4057
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		20		2018

Transaction ID : 42507971

Amount of Each Receipt this Period
50.00

Memo Item

B. Mc Soley, John, J, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4901 Tyler St

City Hollywood	State FL	Zip Code 33021-6513
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		20		2018

Transaction ID : 42507973

Amount of Each Receipt this Period
250.00

Memo Item

C. Spear, Carl, H, Dr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6201 South Fwy # TC-44

City Fort Worth	State TX	Zip Code 76134-2001
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		20		2018

Transaction ID : 42508017

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2300.00
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 125 OF 151
	<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. Patino, Alvaro, , Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5965 Bent Pine Dr Apt 2120
 City Orlando State FL Zip Code 32822-6603
 FEC ID number of contributing federal political committee. **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 07 / 20 / 2018
Transaction ID : 42508018
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Teddy, Sherrie, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 931
 City Crystal Beach State FL Zip Code 34681-0931
 FEC ID number of contributing federal political committee. **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 07 / 20 / 2018
Transaction ID : 42508021
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Maule, Tamara, L, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7731 Oak Grove Cir
 City Lake Worth State FL Zip Code 33467-7126
 FEC ID number of contributing federal political committee. **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 07 / 20 / 2018
Transaction ID : 42508023
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 126 OF 151
<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 ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42508024

Amount of Each Receipt this Period
50.00

Memo Item

B. 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 ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42508025

Amount of Each Receipt this Period
50.00

Memo Item

C. Petito, G. Timothy, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3007 Key Harbor Dr

City Safety Harbor	State FL	Zip Code 34695-5109
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : 42508028

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 127 OF 151
<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. Major, Jennifer, Ham, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2531 Pine Forest Rd

City Cantonment	State FL	Zip Code 32533-5736
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		20		2018

Transaction ID : 42508031

Amount of Each Receipt this Period
1000.00

Memo Item

B. Santisi, Peter, A, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 749 Mandalay Grove Court

City Merritt Is	State FL	Zip Code 32953-8001
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		20		2018

Transaction ID : 42508032

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1460 N Riverbend Dr

City Green River	State WY	Zip Code 82935-6308
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		19		2018

Transaction ID : 42508105

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 128 OF 151
<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. Maycock, Joseph, C, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1703 Carrington Ave

City Gillette	State WY	Zip Code 82718-7658
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2018

Transaction ID : 42508114

Amount of Each Receipt this Period
100.00

Memo Item

B. Muller, Dennis, Joseph, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9128 W Judge Perez Dr

City Chalmette	State LA	Zip Code 70043-4527
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		31		2018

Transaction ID : 42508173

Amount of Each Receipt this Period
250.00

Memo Item

C. Puerto, Amy, Arlene, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1776 Continental Drive
Unit 1011

City Covington	State LA	Zip Code 70433-7288
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		31		2018

Transaction ID : 42508175

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 129 OF 151
<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. Weigel, Jen, F, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4303 Bellavia Ln

City Fairfax	State VA	Zip Code 22030-4433
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		30		2018

Transaction ID : 42515371

Amount of Each Receipt this Period
250.00

Memo Item

B. Staniszewski, Todd, E, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13955 Rattalee Lake Rd

City Davisburg	State MI	Zip Code 48350-1245
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		30		2018

Transaction ID : 42515374

Amount of Each Receipt this Period
200.00

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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

Transaction ID : 42515376

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 151
	<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. Sheehy, Mary Rita, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Cleveland Dr

City Poughkeepsie	State NY	Zip Code 12601-6002
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		31		2018

Transaction ID : 42516109

Amount of Each Receipt this Period
500.00

Memo Item

B. Hutchins, James, Mathew, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 S Shore Dr

City Sleepy Eye	State MN	Zip Code 56085-1038
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

Transaction ID : 42516110

Amount of Each Receipt this Period
500.00

Memo Item

C. Nowak, Daniel, T, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2514 Skyline Oaks Dr

City De Pere	State WI	Zip Code 54115-8175
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		31		2018

Transaction ID : 42516111

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 131 OF 151
	<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	<input type="checkbox"/> 17

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

A. Privett, Lisa, Latham, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135 S Bells St

City Alamo	State TN	Zip Code 38001-1779
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		31		2018

Transaction ID : 42516112

Amount of Each Receipt this Period
250.00

Memo Item

B. Vincent, Cary, Joseph, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 384 Aspen Ln

City Covington	State LA	Zip Code 70433-5736
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		31		2018

Transaction ID : 42516187

Amount of Each Receipt this Period
500.00

Memo Item

C. Deal, Horace, E, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 Golf Club Cir

City Statesboro	State GA	Zip Code 30458-9160
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		31		2018

Transaction ID : 42516197

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 132 OF 151
	<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	<input type="checkbox"/> 17

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

A. Barry, Timothy, John, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 221 Woodrich Ln

City Lafayette	State LA	Zip Code 70507-5207
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		31		2018

Transaction ID : 42516198

Amount of Each Receipt this Period
1000.00

Memo Item

B. Stumpf, George, Charles, Dr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5412 Toby Ln

City Kenner	State LA	Zip Code 70065-2348
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **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
07		31		2018

Transaction ID : 42516199

Amount of Each Receipt this Period
1000.00

Memo Item

C. Boudreaux, Cory, J, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15660 Guillory Pl

City Baton Rouge	State LA	Zip Code 70810-5629
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
565.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

Transaction ID : 42516201

Amount of Each Receipt this Period
365.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2365.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 133 OF 151
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Gandy, Jimmy, S, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2651 Highway 15
 City Mangham State LA Zip Code 71259-5166
 FEC ID number of contributing federal political committee. **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
 07 / 31 / 2018
Transaction ID : 42516203
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Gandy, Stacy, G, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2651 Highway 15
 City Mangham State LA Zip Code 71259-5166
 FEC ID number of contributing federal political committee. **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
 07 / 31 / 2018
Transaction ID : 42516204
 Amount of Each Receipt this Period 250.00
 Memo Item

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 M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	72149.07

**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 134 OF 151
<input 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 checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ryan For Congress, Inc.

Mailing Address **PO Box 1488**

City Janesville	State WI	Zip Code 53547
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C** **C00330894**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
07 / 17 / 2018

Transaction ID : 42520439

Amount of Each Receipt this Period
5000.00

Memo Item

Refund from Candidate

B. 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

Amount of Each Receipt this Period

Memo Item

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

**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 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. MC Bank of America

Mailing Address P O Box 25118

City
Tampa

State
FL

Zip Code
33622-5118

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 : 42396939
Amount of Each Disbursement this Period

Bank Fees

Memo Item

Full Name (Last, First, Middle Initial)

B. 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 : 42520626
Amount of Each Disbursement this Period

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
Visa/Master Card 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 : 42520961
Amount of Each Disbursement this Period

Visa/Master Card 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
American Express Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	1	8

FEC Identification Number

C []

Transaction ID : 42520962

Amount of Each Disbursement this Period

[] 521.28

American Express 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
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	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	8

FEC Identification Number

C []

Transaction ID : 42520963

Amount of Each Disbursement this Period

[] 112.09

Bank Fees

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	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

[] 633.37

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

[] 4430.99

**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. Bonamici For Congress		Date of Disbursement MM / DD / YYYY 07 / 05 / 2018
Mailing Address PO Box 1632		FEC Identification Number C C00500421 Transaction ID : 42396822
City Beaverton	State OR	Zip Code 97075
Purpose of Disbursement Candidate Contribution		Amount of Each Disbursement this Period 1000.00 Candidate Contribution
Candidate Name Bonamici, Suzanne, , Rep.,		<input type="checkbox"/> Memo Item
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: OR District: 01	Category/Type 011	

Full Name (Last, First, Middle Initial) B. Ben Cardin For Senate, Inc.		Date of Disbursement MM / DD / YYYY 07 / 05 / 2018
Mailing Address P.O. Box 21093		FEC Identification Number C C00411587 Transaction ID : 42396823
City Catonsville	State MD	Zip Code 21228
Purpose of Disbursement Candidate Contribution		Amount of Each Disbursement this Period 2500.00 Candidate Contribution
Candidate Name Cardin, Benjamin, , Sen.,		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" 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: MD District:	Category/Type 011	

Full Name (Last, First, Middle Initial) C. Paul Tonko For Congress		Date of Disbursement MM / DD / YYYY 07 / 05 / 2018
Mailing Address 911 Central Avenue # 221		FEC Identification Number C C00450049 Transaction ID : 42396824
City Albany	State NY	Zip Code 12206
Purpose of Disbursement Candidate Contribution		Amount of Each Disbursement this Period 2000.00 Candidate Contribution
Candidate Name Tonko, Paul, David, Rep.,		<input type="checkbox"/> Memo Item
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: NY District: 20	Category/Type 011	

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

5500.00

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

A. Jason Smith For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1324

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement Candidate Contribution
Candidate Name **Smith, Jason, T., Rep.,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MO District: 08

Date of Disbursement 07 / 06 / 2018

FEC Identification Number C00541862
Transaction ID : 42397346
Amount of Each Disbursement this Period 1000.00
Candidate Contribution
 Memo Item

B. Citizens To Elect Rick Larsen

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement Candidate Contribution
Candidate Name **Larsen, Rick, , Rep.,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: WA District: 02

Date of Disbursement 07 / 11 / 2018

FEC Identification Number C00345546
Transaction ID : 42446107
Amount of Each Disbursement this Period 2000.00
Candidate Contribution
 Memo Item

C. Deb Haaland For Congress

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 25443

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement Candidate Contribution
Candidate Name **Haaland, Debra, , ,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NM District: 01

Date of Disbursement 07 / 11 / 2018

FEC Identification Number C00639054
Transaction ID : 42446111
Amount of Each Disbursement this Period 3000.00
Candidate Contribution
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6000.00

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. Klobuchar For Minnesota

Mailing Address PO Box 4146

City
St Paul

State
MN

Zip Code
55104

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Klobuchar, Amy, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MN District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	1		2	0	1	8		

FEC Identification Number

C C00410191

Transaction ID : 42446114

Amount of Each Disbursement this Period

3500.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Klobuchar For Minnesota

Mailing Address PO Box 4146

City
St Paul

State
MN

Zip Code
55104

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Klobuchar, Amy, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MN District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	1		2	0	1	8		

FEC Identification Number

C C00410191

Transaction ID : 42446116

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Yarmuth For Congress

Mailing Address 1815 Brownsboro Road

City
Louisville

State
KY

Zip Code
40202

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Yarmuth, John, A., Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: KY District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	1		2	0	1	8		

FEC Identification Number

C C00419630

Transaction ID : 42446117

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Memo Item

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

10500.00

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

A. Marcia Fudge For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 3729 Silsby Rd

City University Heights State OH Zip Code 44118

Purpose of Disbursement Candidate Contribution
Candidate Name **Fudge, Marcia, L., Rep.,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)
State: OH District: 11

Date of Disbursement 07 / 11 / 2018

FEC Identification Number C00454694
Transaction ID : 42446126
Amount of Each Disbursement this Period 1500.00
Candidate Contribution
 Memo Item

B. Scott Peters For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 75357

City Washington State DC Zip Code 20002

Purpose of Disbursement Candidate Contribution
Candidate Name **Peters, Scott, , Rep.,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)
State: CA District: 52

Date of Disbursement 07 / 16 / 2018

FEC Identification Number C00503110
Transaction ID : 42453311
Amount of Each Disbursement this Period 1000.00
Candidate Contribution
 Memo Item

C. William Timmons For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3416

City Greenville State SC Zip Code 29602

Purpose of Disbursement Candidate Contribution
Candidate Name **Timmons, William, , , IV**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)
State: SC District: 04

Date of Disbursement 07 / 16 / 2018

FEC Identification Number C00668491
Transaction ID : 42453352
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)..... ▶

7500.00

**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. Friends Of Neal Dunn

Mailing Address PO Box 16088

City
Panama City

State
FL

Zip Code
32406

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Dunn, Neal, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	8

FEC Identification Number

C C00582304

Transaction ID : 42453354

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Scalise For Congress

Mailing Address PO Box 23219

City
Jefferson

State
LA

Zip Code
70183

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Scalise, Steve, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: LA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	8

FEC Identification Number

C C00394957

Transaction ID : 42453355

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Scalise For Congress

Mailing Address PO Box 23219

City
Jefferson

State
LA

Zip Code
70183

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Scalise, Steve, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	8

FEC Identification Number

C C00394957

Transaction ID : 42453358

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Memo Item

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

9500.00

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. Jimmy Panetta For Congress

Mailing Address PO Box 1579

City
Carmel Valley

State
CA

Zip Code
93924

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Panetta, Jimmy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 20

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2018

FEC Identification Number

C C00592154

Transaction ID : 42454729

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens For John Rutherford

Mailing Address 3030 Hartley Rd
Ste 120

City
Jacksonville

State
FL

Zip Code
32257

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rutherford, John, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: FL District: 04

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2018

FEC Identification Number

C C00615294

Transaction ID : 42454730

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Balderson For Congress

Mailing Address PO Box 8197

City
Zanesville

State
OH

Zip Code
43702

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Balderson, Troy, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼
Special-General2018

State: OH District: 12

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2018

FEC Identification Number

C C00662650

Transaction ID : 42454732

Amount of Each Disbursement this Period

3000.00

Candidate Contribution

Memo Item

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. 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

M M / D D / Y Y Y Y Y
07 / 17 / 2018

FEC Identification Number

C C00563940

Transaction ID : 42454733

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Jim Banks For Congress, Inc.

Mailing Address PO Box 11431

City
Fort Wayne

State
IN

Zip Code
46858

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Banks, James, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IN District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 17 / 2018

FEC Identification Number

C C00577999

Transaction ID : 42455469

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. John Carter For Congress

Mailing Address 1717 North Ih-35
Suite 304

City
Round Rock

State
TX

Zip Code
78664

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Carter, John, R., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 31

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 17 / 2018

FEC Identification Number

C C00371203

Transaction ID : 42455470

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Memo Item

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

4500.00

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. Brenda Lawrence For Congress

Mailing Address P.O. Box 3060

City
Southfield

State
MI

Zip Code
48037

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Lawrence, Brenda, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District: 14

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2018

FEC Identification Number

C00552588

Transaction ID : 4245587

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Julia Brownley For Congress

Mailing Address PO Box 2018

City
Thousand Oaks

State
CA

Zip Code
91358

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Brownley, Julia, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2018

FEC Identification Number

C00513077

Transaction ID : 4245588

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Norma Torres For Congress

Mailing Address 728 W Edna Place

City
Covina

State
CA

Zip Code
91722

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Torres, Norma, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 35

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2018

FEC Identification Number

C00557652

Transaction ID : 4245589

Amount of Each Disbursement this Period

3500.00

Candidate Contribution

Memo Item

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

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

6000.00

**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

A. Swalwell For Congress

Full Name (Last, First, Middle Initial)
Swalwell, Eric, M., Rep.,

Mailing Address P.O. Box 2847

City Dublin State CA Zip Code 94568

Purpose of Disbursement Candidate Contribution

Candidate Name Swalwell, Eric, M., Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 15

Date of Disbursement: 07 / 17 / 2018

FEC Identification Number: C00502294
Transaction ID : 4245590

Amount of Each Disbursement this Period: 2500.00

Candidate Contribution Memo Item

B. Delbene For Congress

Full Name (Last, First, Middle Initial)
DelBene, Suzan, , Rep.,

Mailing Address PO Box 487

City Bothell State WA Zip Code 98041

Purpose of Disbursement Candidate Contribution

Candidate Name DelBene, Suzan, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: WA District: 01

Date of Disbursement: 07 / 17 / 2018

FEC Identification Number: C00459099
Transaction ID : 4245591

Amount of Each Disbursement this Period: 2500.00

Candidate Contribution Memo Item

C. Lisa Blunt Rochester For Congress

Full Name (Last, First, Middle Initial)
Rochester, Lisa, , ,

Mailing Address PO Box 9767

City Wilmington State DE Zip Code 19809

Purpose of Disbursement Candidate Contribution

Candidate Name Rochester, Lisa, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: DE District: 00

Date of Disbursement: 07 / 17 / 2018

FEC Identification Number: C00590778
Transaction ID : 4245592

Amount of Each Disbursement this Period: 1000.00

Candidate Contribution Memo Item

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

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

6000.00

**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. Salud Carbajal For Congress

Mailing Address PO Box 1290

City Santa Barbara State CA Zip Code 93102

Purpose of Disbursement
Candidate Contribution

011
Category/
Type

Candidate Name
Carbajal, Salud, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: CA District: 24

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2018

FEC Identification Number

C C00576041

Transaction ID : 42455593

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Gallagher For Wisconsin

Mailing Address PO Box 1027

City Green Bay State WI Zip Code 54305

Purpose of Disbursement
Candidate Contribution

011
Category/
Type

Candidate Name
Gallagher, Michael, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: WI District: 08

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2018

FEC Identification Number

C C00610212

Transaction ID : 42457833

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Gary Palmer For Congress

Mailing Address 1919 Oxmoor Rd #235

City Homewood State AL Zip Code 35209

Purpose of Disbursement
Candidate Contribution

011
Category/
Type

Candidate Name
Palmer, Gary, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: AL District: 06

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2018

FEC Identification Number

C C00551374

Transaction ID : 42464269

Amount of Each Disbursement this Period

3000.00

Candidate Contribution

Memo Item

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary 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. Ralph Abraham For Congress		Date of Disbursement MM / DD / YYYY 07 / 20 / 2018
Mailing Address P.O. Box 14062		FEC Identification Number C00563940 Transaction ID : 42465073
City Monroe	State LA	Zip Code 71207
Purpose of Disbursement Candidate Contribution		011 Category/Type
Candidate Name Abraham, Ralph, , Rep., MD		Amount of Each Disbursement this Period 500.00 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) ▼	
State: LA District: 05	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Chuck Fleischmann For Congress Committee, Inc.		Date of Disbursement MM / DD / YYYY 07 / 25 / 2018
Mailing Address P.O. Box 11091		FEC Identification Number C00461822 Transaction ID : 42477169
City Chattanooga	State TN	Zip Code 37401
Purpose of Disbursement Candidate Contribution		011 Category/Type
Candidate Name Fleischmann, Chuck, J., Rep.,		Amount of Each Disbursement this Period 1500.00 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) ▼	
State: TN District: 03	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Friends Of Scott Desjarlais		Date of Disbursement MM / DD / YYYY 07 / 25 / 2018
Mailing Address Po. Box 90133		FEC Identification Number C00464073 Transaction ID : 42477190
City Nashville	State TN	Zip Code 37209
Purpose of Disbursement Candidate Contribution		011 Category/Type
Candidate Name DesJarlais, Scott, , Rep.,		Amount of Each Disbursement this Period 1500.00 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) ▼	
State: TN District: 04	<input type="checkbox"/> Memo Item	

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

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

3500.00

**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. Cooper For Congress

Mailing Address C/O Dglf Cpas & Business Advisors
P.O. Box 198087

City Nashville State TN Zip Code 37219

Purpose of Disbursement Candidate Contribution
Candidate Name **Cooper, Jim, , Rep.,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TN District: 05

Date of Disbursement
MM / DD / YYYY
07 / 25 / 2018

FEC Identification Number
C C00376665
Transaction ID : 42477191
Amount of Each Disbursement this Period
1000.00
Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Stabenow For Us Senate

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement Candidate Contribution
Candidate Name **Stabenow, Debbie, , Sen.,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MI District:

Date of Disbursement
MM / DD / YYYY
07 / 25 / 2018

FEC Identification Number
C C00344473
Transaction ID : 42477192
Amount of Each Disbursement this Period
2500.00
Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Peters For Michigan

Mailing Address PO Box 226

City Bloomfield Hills State MI Zip Code 48303

Purpose of Disbursement Candidate Contribution
Candidate Name **Peters, Gary, , Sen.,**
Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: MI District: 02

Date of Disbursement
MM / DD / YYYY
07 / 25 / 2018

FEC Identification Number
C C00437889
Transaction ID : 42477208
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)..... ▶

8500.00

**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. Debbie Dingell For Congress		Date of Disbursement MM / DD / YYYY 07 / 25 / 2018
Mailing Address 19855 W. Outer Dr. Ste 103 Ae		FEC Identification Number C C00558213 Transaction ID : 42477239
City Dearborn	State MI	Zip Code 48124
Purpose of Disbursement Candidate Contribution		Amount of Each Disbursement this Period 3000.00
Candidate Name Dingell, Debbie, , ,		Category/Type 011
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) ▼	
State: MI	District: 12	
<input type="checkbox"/> Memo Item		Candidate Contribution

Full Name (Last, First, Middle Initial) B. Cleaver For Congress		Date of Disbursement MM / DD / YYYY 07 / 25 / 2018
Mailing Address 4801 Main Street, Suite 1000		FEC Identification Number C C00395848 Transaction ID : 42477240
City Kansas City	State MO	Zip Code 64112
Purpose of Disbursement Candidate Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name Cleaver, Emanuel, , Rep., II		Category/Type 011
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) ▼	
State: MO	District: 05	
<input type="checkbox"/> Memo Item		Candidate Contribution

Full Name (Last, First, Middle Initial) C. Friends Of Maria		Date of Disbursement MM / DD / YYYY 07 / 25 / 2018
Mailing Address PO Box 12740		FEC Identification Number C C00349506 Transaction ID : 42477241
City Seattle	State WA	Zip Code 98111
Purpose of Disbursement Candidate Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name Cantwell, Maria, , Sen.,		Category/Type 011
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: WA	District:	
<input type="checkbox"/> Memo Item		Candidate Contribution

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary 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. Pramila For Congress

Mailing Address PO Box 21912

City
Seattle

State
WA

Zip Code
98111

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Jayapal, Pramila, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2018

FEC Identification Number

C C00605592

Transaction ID : 42477379

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. MURPHPAC

Mailing Address 415 New Jersey Avenue SE #1

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Committee Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2018

FEC Identification Number

C C00459925

Transaction ID : 42477396

Amount of Each Disbursement this Period

2500.00

Committee Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Larson For Congress

Mailing Address PO Box 261172

City
Hartford

State
CT

Zip Code
06126

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Larson, John, B., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2018

FEC Identification Number

C C00330142

Transaction ID : 42477417

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)..... ▶

8500.00

**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. Courtney For Congress

Mailing Address PO Box 1372

City
Vernon

State
CT

Zip Code
06066

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Courtney, Joseph, D., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: CT

District: 02

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2018

FEC Identification Number

C00410233

Transaction ID : 42477418

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Rosa DeLauro

Mailing Address 129 Church St, Ste 818

City
New Haven

State
CT

Zip Code
06510

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

DeLauro, Rosa, L., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: CT

District: 03

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2018

FEC Identification Number

C00238865

Transaction ID : 42477434

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Himes For Congress

Mailing Address 857 Post Road, #312

City
Fairfield

State
CT

Zip Code
06824

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Himes, Jim, A., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: CT

District: 04

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2018

FEC Identification Number

C00434191

Transaction ID : 42477435

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Memo Item

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

7000.00

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

103000.00