06/10/2010 11:05

Image# 10930807034

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Othe	r Than An Auth	orized Comm	ittee		Office Use Only	/
NAME OF COMMITTEE (in full)		MAILING LABEL OR PRINT 🗑	Example:If typover the lines	ng, type	• • •		
American Optometric Ass	sociation Politica	Action Committee					
ADDRESS (number and street)	1505 Pr	nce Street					
Check if different	Suite 30	0					
than previously reported. (ACC)	Alexand	ria 			LVA	22314	J
2. FEC IDENTIFICATION N	NUMBER 🔻	CITY	A	5	STATEA	ZIPC	ODE 🛕
C00024968			THIS X	NEW (N) OR	AN (A)	MENDED)	
4. TYPE OF REPORT (Choose One)		port Feb 2 e On:	20 (M2) X	May 20 (M5)		20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:		H	.O (IVIO)	Jun 20 (M6)	Sep	20 (M9)	(Non-Election 'Year Only)
April 15 Quarterly Repo		Apr 2	0 (M4)	Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
July 15	(c)	12-Day PRE -Election	Primary (1	2P)	General (12G)	Runoff (12R)
Quarterly Repo October 15 Quarterly Repo	` '	Report for the:	Conventio	n (12C)	Special (1	12G)	
January 31 Quarterly Repo		Election	on			in the State	
July 31 Mid-Ye Report(Non-ele Year Only) (MY	ection (d)	30-Day Post -Election Report for the:	General (3	80G)	Runoff (3	(0R)	Special (30S)
Termination Re (TER)	eport	Election	on			in the State	
5. Covering Period	05 01	2010	through	0.5	31	2010]
I certify that I have examined to Type or Print Name of Treasu	· - .	o the best of my knows s E. Nye, O.D.	vledge and belief it	is true, correct	and complete.		
Type of Fillit Name of Treasu		- , -, -				-	
Signature of Treasurer Ele	ctronically Filed	by Thomas E. Nye	e, O.D.	D	ate 0 6	1 0	2010
NOTE : Submission of false,	erroneous, or inc	omplete information	may subject the pe	erson signing thi	s Report to the	penalties of 2 l	J.S.C 437g.
Office Use						FEC FOI (Rev. 12/2	

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 100

Write or Type Committee Name American Optometric Association Political Action Committee

FEC Form 3X (Rev. 02/2003)

D D " D 05 0 1 2010 0.5 31 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 395069.19 January 1 (b) Cash on Hand at 537497.62 Begining of Reporting Period 94176.95 489917.26 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 631674.57 884986.45 6(a) and 6(c) for Column B) 88096.36 341408.24 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 543578.21 543578.21 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

For further information contact:

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

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. 06/2004) 3 / 100

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From: 0 5

D D D 0 1

2 0 1 0

o. 0.5

D

^D 3 1

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	61543.67	301620.99
	(ii) Unitemized	32590.80	178996.89
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	94134.47	480617.88
((b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	94134.47	480617.88
	Transfers From Affiliated/Other	0.00	0.00
3. /	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
t	to Federal candidates and Other Political Committees	0.00	9000.00
	Other Federal Receipts (Dividends, Interest, etc.)	42.48	299.38
	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 Transfer (add 18(a) and 18(b)).	0.00	0.00
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	94176.95	489917.26
	otal Federal Receipts subtract Line 18(c) from Line 19)	94176.95	489917.26

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 100

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	2000.00	11000.01
Expenditures	3096.36	11908.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	3096.36	11908.24
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	85000.00	329500.00
and Other Political Committees	03000.00	323300.00
(use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7 Lagra Mada	0.00	0.00
7. Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements	0.00	0.00
. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share		3.00
(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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	88096.36	341408.24
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	22222	211125 51
from Line 31)	88096.36	341408.24

DETAILED SUMMARY PAGE

of Disbursements

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)	94134.47	480617.88	
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	94134.47	480617.88	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3096.36	11908.24	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	3096.36	11908.24	

FE6AN026

SCHEDULE A (FEC FOITEMIZED RECEIPTS	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 100 (check only one) X 11a
Any information copied from such F or for commercial purposes, other to NAME OF COMMITTEE (In Fu American Optometric Associated)	nan using the name and ac	ddress of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle In Dr John D Coble Mailing Address 1501 Sunso City Rockwall FEC ID number of contributing federal political committee. Name of Employer	,	Zip Code 75087-3216	Date of Receipt M M M
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Doctor of Aggregat	of Optometry e Year-to-Date ▼ 416.75	
Full Name (Last, First, Middle In Dr Kenneth S Lawenda Mailing Address 9033 Wilsh			Date of Receipt Date of Receipt 0 5 0 1 2 0 1 0
City	State	Zip Code	Transaction ID: 31678529
Beverly Hills	CA	90211-1847	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle In Dr Linda M Chous			Date of Receipt
Mailing Address 1295 W Ro	yal Oaks Drive		05 02 2010
City	State	Zip Code	Transaction ID: 31678533
Shoreview FEC ID number of contributing federal political committee.	C	55126-8478	Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Pag	I		683.35

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 100 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any person g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u>/</u>	Tollical Action Committee	
Full Name (Last, First, Middle Initial) Dr Kevin Katz		Date of Receipt
Mailing Address 1205 Pin Oak Drive	е	05 03 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31678534
Dickinson	TX 77539-3320	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	163.64
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 818.20	
Full Name (Last, First, Middle Initial) Dr Richard W Phillips		Date of Receipt
Mailing Address 1977 Spring Hollov	v Lane	M·M / D·D / Y·Y·Y·Y 05 03 2010
City	State Zip Code	Transaction ID: 31687277
Germantown	TN 38139-5675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Michael C Noble		Date of Receipt
Mailing Address 5609 W Arlington		05 03 YYYYY 2010
City	State Zip Code	Transaction ID: 31688279
<u>Yakima</u>	WA 98908-4297	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2010.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2010.00	
		2673.64

Γ	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 100 (check only one) X 11a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sur for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Pol	itical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Paul C Ajamian			Date of Receipt
	Mailing Address 245 Shadowbrook Dri	ve		05 04 2010
	City	State	Zip Code	Transaction ID: 31688280
	Roswell	GA	30075-4600	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Dr Deborah S Bernay Mailing Address 1702 Rustic Oak Lane)		Date of Receipt
	City	State	Zip Code	05 04 2010
	Seabrook	TX	77586-4556	Transaction ID: 31688285 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
— С.	Full Name (Last, First, Middle Initial) Dr Harvey B Richman, FAAO			Date of Receipt
	Mailing Address 136 Main Street			05 / 04 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31688890
	Manasquan FEC ID number of contributing federal political committee.	C	08736-3558	Amount of Each Receipt this Period 42.50
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 202.50	
	SUBTOTAL of Receipts This Page (optional) .			392.50
	TOTAL This Period (last page this line number		·	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 100 (check only one) X 11a
C	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
	Full Name (Last, First, Middle Initial) David L Parker			Date of Receipt
	Mailing Address 4889 Bobo Place			05 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31695686
	Olive Branch	MS	38654-8223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	208.35	
_	Full Name (Last, First, Middle Initial) Dr Samuel D Pierce			Date of Receipt
	Mailing Address 2679 Vesclub Circle		0 5 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 31695689
	Vestavia Hills	AL	35216-1356	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00	
_	Full Name (Last, First, Middle Initial) Dr Jason T Ortman			Date of Receipt
	Mailing Address 8085 E Byers Avenue)		05 05 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31700721
	Denver	CO	80230-6755	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed		f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	365.00	
	SUBTOTAL of Receipts This Page (optional)	1		906.67

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 100 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association	n Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Robert L Jarrell, III		Date of Receipt
Mailing Address 50 Cedar Hill Rd		05 06 Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31700724
Albuquerque	NM 87122-1928	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Lori Ann Youngman	L	Date of Receipt
Mailing Address 4535 Nw Aspen S	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 31700726
Camas	WA 98607-8302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 833.35	
Full Name (Last, First, Middle Initial) Dr Frederick P Darin	L	Date of Receipt
Mailing Address 405 Tirrell Rd		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31700727
Charlotte	MI 48813-2131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optic	nal)	416.67

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16	
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Dr David R Free Mailing Address 3727 E 43Rd Place City Tulsa FEC ID number of contributing federal political committee.	State Zip Code OK 74135-2742	Date of Receipt M M O D D O O O O O O O O O O O O O O O	
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 250.00		
Full Name (Last, First, Middle Initial) Dr Steven J Keith Mailing Address 214 Morning Mist V	Nay Nay	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 31701046	
Woodstock	GA 30189-8193	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr Sue A Feather		Date of Receipt	
Mailing Address 144 Heatherview D)r	M M / D D / Y Y Y Y Y O D D D D D D D D D D D D D D	
City	State Zip Code	Transaction ID: 31701054	
East Peoria	IL 61611-4889	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
SURTOTAL of Receipts This Page (antion)	al)	750.00	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 1
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
	Full Name (Last, First, Middle Initial) Dr Britt Wright			Date of Receipt
	Mailing Address 10 Mercutio Ct			05 04 2010
	City	State	Zip Code	Transaction ID: 31701058
	Spring	TX	77382-1078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial) Dr Randolph D Lee	1		Date of Receipt
	Mailing Address 8620 West Atwater	0 5 0 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 31701065
	Boise	ID	83714-1289	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
_	Full Name (Last, First, Middle Initial) Dr Mark E Swan			Date of Receipt
	Mailing Address 474 Shaw Estates Dr	Ne		05 03 YYYYY 2010
	City	State	Zip Code	Transaction ID: 31701294
	Rockford	MI	49341-9795	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed		f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1050.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 100 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persolates of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association P	Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr Daniel C Drought			Date of Receipt
Mailing Address 4622 Clay St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31701335
Geneva	OH	44041-8108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:		Year-to-Date ▼	_
Primary General Other (specify) ▼	riggiogalo	365.00	
Full Name (Last, First, Middle Initial) Dr Peter Jeffery Shoji			Date of Receipt
Mailing Address 1910 Puu Nanea Pla	ace		05 03 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31701337
Honolulu	HI	96822-1776	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Robert Craig Janot			Date of Receipt
Mailing Address 6910 Windmill Lane)		05 07 YYYY 2010
City	State	Zip Code	Transaction ID: 31701762
Lake Charles	LA	70605-0536	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		208.35	
SUBTOTAL of Receipts This Page (optional)		1406.67

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 100 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Optometric Association	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Rebecca H Wartman Mailing Address 46 Lambeth Walk			Date of Receipt
City Fairview FEC ID number of contributing	State NC	Zip Code 28730-7721	Transaction ID: 31701764 Amount of Each Receipt this Period
federal political committee. Name of Employer Self Employed Receipt For:		n f Optometry	200.00
Primary General Other (specify)	Aggregate	1000.00	
Full Name (Last, First, Middle Initial) Dr John L Walters Mailing Address 47 Mast Hill Road			Date of Receipt M M D D Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31701765
Saco FEC ID number of contributing federal political committee.	C	04072-9338	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Randolph E Brooks	•		Date of Receipt
Mailing Address 3 Schindler Drive			05 07 2010
City	State	Zip Code	Transaction ID: 31701767
Succasunna FEC ID number of contributing federal political committee.	C	07876-1183	Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	21)		450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 100 (check only one) X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Optometric Association Polit	tical Action (Committee	
Full Name (Last, First, Middle Initial) Dr Steven Arthur Loomis			Date of Receipt
Mailing Address 6436 Spotted Fawn Ru	ın		05 07 2010
City	State	Zip Code	Transaction ID: 31701769
Littleton	CO	80125-9055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Self Employed	Occupation		7
		Optometry	_
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr James H Moser, Jr	<u> </u>		Date of Receipt
Mailing Address 8250 Quail Hollow			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31702340
Texarkana	TX	75503-9652	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000000	250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Jacqueline M Bowen			Date of Receipt
Mailing Address 3930 W 19Th St Ln			05 08 2010
City	State	Zip Code	Transaction ID: 31702420
Greeley	CO	80634-3446	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/100 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association F		•	
Full Name (Last, First, Middle Initial) Dr Barbara L Horn			Date of Receipt
Mailing Address 61269 Coralburst D	r		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State MI	Zip Code 48094-1746	Transaction ID: 31702427
FEC ID number of contributing federal political committee.	C	40094-1740	Amount of Each Receipt this Period 159.09
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	- ' '	e Year-to-Date ▼ 795.45	
Full Name (Last, First, Middle Initial) Dr David J Esplin			Date of Receipt
Mailing Address 34 South 590 East			0 5 0 9 2 0 1 0
City	State UT	Zip Code	Transaction ID: 31702428
Salem FEC ID number of contributing federal political committee.	C	84653-5519	Amount of Each Receipt this Period 45.00
Name of Employer Self Employed	Occupatio	n f Optometry	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Dr David J Shippee			Date of Receipt
Mailing Address Box 307			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sherman Oaks	State ME	Zip Code 04777	Transaction ID: 31702429 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	04777	41.66
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 208.30	
SUBTOTAL of Receipts This Page (optional	I])		245.75

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Political Polit	tical Action Committee	
Full Name (Last, First, Middle Initial) Dr Carey A Patrick		Date of Receipt
Mailing Address 970 Patrician Court City	State Zip Code	0 5 0 9 2 0 1 0 Transaction ID: 31702430
<u>Fairview</u>	TX 75069-8781	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Mark J Cook		Date of Receipt
Mailing Address 5698 Mountain Road		05 / 09 / 2010
City	State Zip Code	Transaction ID: 31702431
Brighton	MI 48116-9732	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Terri Susanne Watkins		Date of Receipt
Mailing Address 312 Esto Heights		05 / 09 / 2010
City	State Zip Code	Transaction ID: 31702433
Russell Springs FEC ID number of contributing federal political committee.	KY 42642-7010	Amount of Each Receipt this Period 41.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	208.35	
SUBTOTAL of Receipts This Page (optional)		241.67
TOTAL This Period (last page this line number	<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 100 (check only one) X 11a 11b 11c 12
	d Statements may not be sold or used by any personal he name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Marjorie J Knotts		Date of Receipt
Mailing Address 6120 Guilford	Chate 7in Code	05 09 2010
City Indianapolis	State Zip Code IN 46220-1940	Transaction ID: 31702434 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Robert P Wooldridge		Date of Receipt
Mailing Address 2840 E Swiss Oaks	Dr	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31702436
Sandy	UT 84093-6586	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr Ronald J Meyer		Date of Receipt
Mailing Address 37038 60 Rd 496		05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Champion	State Zip Code	Transaction ID: 31702440
Champion FEC ID number of contributing federal political committee.	MI 49814	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		225.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/100 (check only one) X 11a
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association	Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr Jason K Dickerson			Date of Receipt
Mailing Address 2581 Bridlewood D	rive		M M / D D / Y Y Y Y Y O D D / 2010
City	State	Zip Code	Transaction ID: 31702443
Helena FEC ID number of contributing federal political committee.	C	35080-3916	Amount of Each Receipt this Period 42.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	7
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Dr Paul D Batson			Date of Receipt
Mailing Address 5323 Whisper Woo	od Drive		0 5 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Birmingham	State AL	Zip Code 35226-1092	Transaction ID: 31702444
FEC ID number of contributing federal political committee.	C	33220-1092	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Terry H Berner			Date of Receipt
Mailing Address 8210 Top Of The V	Vorld Drive		0 5 1 0 2 0 1 0
City Salt Lake City	State UT	Zip Code	Transaction ID: 31702445
FEC ID number of contributing federal political committee.	C	84121-6060	Amount of Each Receipt this Period 42.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	- ' '	e Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional	J.		134.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 100 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F	nd Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Stacie Layne Virden		Date of Receipt
Mailing Address 2432 Lake Air Drive)	M M / D D / Y Y Y Y Y O D D / 2010
City	State Zip Code	Transaction ID: 31702448
Waco	TX 76710-1611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.09
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.45	
Full Name (Last, First, Middle Initial) Dr Paul Philippe Cote		Date of Receipt
Mailing Address 18 Little Androscog	gin Drive	M M / D D / Y Y Y Y Y O D D D D D D D D D D D D D D
City	State Zip Code	Transaction ID: 31702449
Auburn	ME 04210-8884	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	
Full Name (Last, First, Middle Initial) Dr Steve N Nguyen		Date of Receipt
Mailing Address 7417 Primrose Dr		05 10 / Y Y Y Y Y
City Irving	State Zip Code TX 75063-5507	Transaction ID: 31702450 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	ıl)	375.76

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 100 (check only one) X 11a
A or	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma le name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Po	litical Action	Committee	
۸.	Pull Name (Last, First, Middle Initial) Dr Christopher L Eddy Mailing Address 6306 Buchanan St			Date of Receipt
		State	Zip Code	05 10 2010
	City Fort Collins	CO	80525-5810	Transaction ID: 31702452 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Dr Joe Ernest Ellis	-		Date of Receipt
	Mailing Address 179 Wood Trace			05 10 2010
	City	State	Zip Code	Transaction ID: 31702453
	Benton FEC ID number of contributing federal political committee.	C	42025-9400	Amount of Each Receipt this Period 166.67
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 833.35	
 ;.	Full Name (Last, First, Middle Initial) Dr Gregory C Russell			Date of Receipt
	Mailing Address 2505 Rivermont Circl	е		05 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31702454
	Kingsport FEC ID number of contributing federal political committee.	C	37660-2392	Amount of Each Receipt this Period 83.33
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 416.65	
[SUBTOTAL of Receipts This Page (optional)	1		300.00
T,	TOTAL This Period (last page this line numbe	er only)		

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 100 (check only one) X
or for c	ormation copied from such Reports and S ommercial purposes, other than using the ME OF COMMITTEE (In Full) rerican Optometric Association Poli	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>Dr 1</u>	Name (Last, First, Middle Initial) Thomas A Wilson ling Address 850 Newgate Ct	State	Zip Code	Date of Receipt M
-	nument	CO	80132-2832	Amount of Each Receipt this Period
FEG	C ID number of contributing eral political committee.	C	00.02.2002	500.00
	ne of Employer f Employed eipt For:		n f Optometry e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
Dr <i>A</i>	Name (Last, First, Middle Initial) Alan M Weissman ling Address 17427 Tamaron Dr			Date of Receipt
City	,	State	Zip Code	0 5 0 6 2 0 1 0 Transaction ID: 31702707
Da		TX	75287-7433	Amount of Each Receipt this Period
FEC	C ID number of contributing eral political committee.	С		500.00
Nar Sel	ne of Employer f Employed	Occupation Doctor of	n f Optometry	
Rec	eipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	Name (Last, First, Middle Initial)			Date of Receipt
Mai	ling Address 406 Nw 162Nd St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	attle	State WA	Zip Code 98177-3730	Transaction ID: 31702708
FEC	C ID number of contributing eral political committee.	C	90177-3730	Amount of Each Receipt this Period 250.00
Nar Sel	ne of Employer f Employed	Occupation Doctor of	n f Optometry	
Rec	eeipt For: Primary General Other (specify)	, '	e Year-to-Date ▼ 250.00	
SUBT	OTAL of Receipts This Page (optional)	1		1250.00

SCHEDULE I	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 100 (check only one) X
or for commercial pu	rposes, other than using the namedia. MITTEE (In Full)	ame and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Opt	ometric Association Politic	cal Action (Committee	
Full Name (Last, Dr Dirk E Graves Mailing Address	First, Middle Initial)			Date of Receipt
Mailing Address	106 Elliott Circle			05 06 2010
City		State	Zip Code	Transaction ID: 31702709
Anderson		SC	29621-3361	Amount of Each Receipt this Period
FEC ID number federal political c		С		500.00
Name of Employ Self Employed	er	Occupation Doctor of	n Optometry	
Receipt For: Primary Other (spe	General	Aggregate	Year-to-Date ▼ 500.00	
B. Dr N. Lynn Wittma				Date of Receipt
Mailing Address	318 Greendale Ave			05 06 2010
City		State	Zip Code	Transaction ID: 31702710
<u>Needham</u>		MA	02494-2014	Amount of Each Receipt this Period
FEC ID number federal political c		C		250.00
Name of Employed	er	Occupation Doctor of	n Optometry	
Receipt For: Primary Other (spe	General	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, Dr Brian Randal S	First, Middle Initial)			Date of Receipt
Mailing Address	7009 Montgomery Blvd I	Ne		05 06 7 9 9 9
City		State	Zip Code	Transaction ID: 31702711
Albuquerque FEC ID number of federal political c		C	87109-1598	Amount of Each Receipt this Period 250.00
Name of Employed	er	Occupation Doctor of	n Optometry	
Receipt For: Primary Other (spe	General		Year-to-Date ▼ 250.00	
SUBTOTAL of Rec	ceipts This Page (optional)			1000.00
	d (last page this line number or		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F	d Statements may not be sold or used by any pers the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr David K Talley		Date of Receipt
Mailing Address 1698 Brookside Driv	ve State Zip Code	0 5 0 6 2 0 1 0 Transaction ID: 31702800
Germantown	TN 38138-2531	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Dorothy L Hitchmoth		Date of Receipt
Mailing Address Po Box 302 106 Davis Hill Road		05 06 2010
City	State Zip Code	Transaction ID: 31702803
New London FEC ID number of contributing federal political committee.	NH 03257-0302	Amount of Each Receipt this Period 166.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) Dr Scot Morris		Date of Receipt
Mailing Address 24440 Pleasant Par	k Road	05 06 2010
City	State Zip Code	Transaction ID: 31702804
<u>Conifer</u>	CO 80433-7603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional		1166.00

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 cornormerical purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Fuil)	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. Dr Steven Barry Eiden Mailing Address 355 Carriage Way City State Zip Code Deerfield IIL 60015-4530 FEC ID number of contributing federal political committee. Name of Employer Self Employed General Other (specify) ▼ State Zip Code Doctor of Optometry Receipt For: Primary General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Doctor of Optometry Doctor of Optometry Doctor of Optometry Dottor of Optometry Receipt For: Primary General Other (specify) ▼ Dottor of Optometry Prescott Aggregate Year-to-Date ▼ Dottor of Optometry Receipt For: Primary General Occupation Doctor of Optometry Receipt For: Primary General Doctor of Optometry Aggregate Year-to-Date ▼ Doctor of Optometry Receipt For: Primary General Doctor of Optometry Receipt For: Primary General	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Primary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Dr Russell G Hopkins Mailing Address 901 Park Place City State Zip Code OK 73750-3826 FEC ID number of contributing federal political committee. Name of Employer Self Employed General Other (specify) ▼ 2010 City State Zip Code OK 73750-3826 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ 500.00 Date of Receipt Transaction ID: 31702806 Amount of Each Receipt this Period FULL Name (Last, First, Middle Initial) Doctor of Optometry Receipt For: Primary General Other (specify) ▼ 500.00 Date of Receipt Transaction ID: 31702806 Amount of Each Receipt this Period FULL Name (Last, First, Middle Initial) Doctor of Optometry Receipt For: Name of Employer State Zip Code AR 71857-2608 FEC ID number of contributing federal political committee. Name of Employer Self Employer Occupation Doctor of Optometry Receipt For: Primary General Aggregate Year-to-Date ▼ 1000.00	Dr Steven Barry Eiden Mailing Address 355 Carriage Way City Deerfield FEC ID number of contributing federal political committee. Name of Employer Self Employed	C Occupation Doctor of Optometry	Transaction ID: 31702805 Amount of Each Receipt this Period
City State Zip Code Kingfisher OK 73750-3826 FEC ID number of contributing federal political committee. Name of Employer Self Employed Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Audie M Teague, Jr Mailing Address 105 Friar Tuck Lane Fig. ID number of contributing federal political committee. Date of Receipt Transaction ID: 31702806 Amount of Each Receipt this Period Doctor of Optometry Date of Receipt Transaction ID: 31706037 Transaction ID: 31706037 AR 71857-2608 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Occupation Doctor of Optometry Receipt For: Primary General Aggregate Year-to-Date ▼ 1000.00	Other (specify) Full Name (Last, First, Middle Initial) Dr Russell G Hopkins	1000.00	Date of Receipt
Dr Audie M Teague, Jr Mailing Address 105 Friar Tuck Lane City State Zip Code Prescott AR 71857-2608 FEC ID number of contributing federal political committee. Name of Employer Self Employed Primary General Date of Receipt Transaction ID: 31706037 Amount of Each Receipt this Period 1000.00	City Kingfisher FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	OK 73750-3826 C Occupation Doctor of Optometry Aggregate Year-to-Date	Transaction ID: 31702806 Amount of Each Receipt this Period
Receipt For: Aggregate Year-to-Date ▼ Primary General	Dr Audie M Teague, Jr Mailing Address 105 Friar Tuck Lane City Prescott FEC ID number of contributing federal political committee.	AR 71857-2608 C Occupation	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SURTOTAL of Pagainta This Paga (antional)	Receipt For: Primary General	Aggregate Year-to-Date ▼	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 26 / 100 (check only one)
ı	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Pol	litical Action	Committee	
	,	IIIICAI ACIIOII	Committee	
	Full Name (Last, First, Middle Initial) Dr Robert D O'Connell			Date of Receipt
	Mailing Address Box 3187			05 12 2010
	City	State	Zip Code	Transaction ID: 31706038
	<u>Kenai</u>	AK	99611-3187	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr Charlotte F Nielsen	1		Date of Receipt
	Mailing Address 118 Whitehall Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31706040
	Grayslake	<u> </u>	60030-3492	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) Dr Sheryl A Lentfer			Date of Receipt
	Mailing Address 1345 West 9Th Avenu	ie		05 12 2010
	City	State	Zip Code	Transaction ID: 31706041
	Anchorage	AK	99501-3236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		84.00
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	
	Receipt For:	, '	e Year-to-Date ▼	
	Primary General Other (specify) ▼		420.00	
ſ	SUBTOTAL of Receipts This Page (optional)	1		234.00
-				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 100 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	Statements may not be sold or used by any person ne name and address of any political committee to solitical Action Committee	for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Denise L Roddy Mailing Address 13605 S 18 PI		Date of Receipt
	7: 0 -	05 10 2010
City Bixby	State Zip Code OK 74008-3612	Transaction ID: 31719418 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Glenn Morgan Cochran Mailing Address 103 Patton Place		Date of Receipt
P O Box 690	State Zip Code	0 5 1 0 2 0 1 0 Transaction ID: 31719421
Quitman	MS 39355-2649	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Larry J Bonderud		Date of Receipt
Mailing Address 497 Ohaire Blvd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Shelby	State Zip Code MT 59474-1960	Transaction ID: 31724819 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional)		3000.00

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 100 (check only one) X 11a 11b 11c 12
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not be sold or used by any persoing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Associatio		
Full Name (Last, First, Middle Initial) Dr Douglas Don Creger		Date of Receipt
Mailing Address 230 Vista Dr		M M / D D / Y Y Y Y Y O D D / 2010
City	State Zip Code	Transaction ID: 31724820
Dillon	MT 59725-3111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Christopher J Quinn		Date of Receipt
Mailing Address 9 Garryford Drive	9	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31745133
Middletown	NJ 07748-3761	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr R. Bryan Boozer		Date of Receipt
Mailing Address 1602 Wildwood S	St Sw	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31745134
Cullman	AL 35055-4555	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	onal)	2550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 100 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Michael T Cron Mailing Address 9217 Elmwood Cour City Stanwood	State Zip Code MI 49346-9305	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date 208.30	41.66
Full Name (Last, First, Middle Initial) Dr Jeffrey David Hill Mailing Address 126 Treymoor Drive City Alabaster FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code AL 35007-3150 C Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y O 5 13 2010 Transaction ID: 31745137 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Dr Sarah C Gordon Mailing Address 252 Inverness Cente City Birmingham FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code AL 35242-4834 C Occupation Doctor of Optometry	Date of Receipt M M / D D / Y Y Y Y Y 0 5 1 3 2 0 1 0 Transaction ID: 31745138 Amount of Each Receipt this Period 50.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	141.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 100 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may n name and addre	ot be sold or used by any persons of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association Political Polit	tical Action Co	ommittee	
Full Name (Last, First, Middle Initial) Dr Martin J Sikorski			Date of Receipt
Mailing Address 1912 E York Lane			05 10 2010
City	State	Zip Code	Transaction ID: 31745208
Wheaton	<u>IL</u>	60187-5816	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of C	Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Pierre J Anctil			Date of Receipt
Mailing Address 1021 N Hancock Avenu	ue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31745209
Colorado Spgs	CO	80903-2757	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of C	Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Robert W Anderson, Jr			Date of Receipt
Mailing Address 1004 Brentwood Dr			05 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31745210
<u>Lufkin</u>	TX	75901-8816	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of C	Optometry	7
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 31 / 100 (check only one) X	
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	the name and address of any p	r used by any perso olitical committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Dr Stanley R Smith Mailing Address 2970 Airport Rd			Date of Receipt 0 5 1 0 2 0 1 0	
City Kalispell FEC ID number of contributing	State Zip Code MT 59901-8		Transaction ID: 31745221 Amount of Each Receipt this Period 365.00	
Receipt For: Primary Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date	▼ 365.00]	
Full Name (Last, First, Middle Initial) Dr Douglas Jerome Kimball Mailing Address 3623 Fieldstone Dr	ive West		Date of Receipt 0 5 1 0 2 0 1 0	
City	Transaction ID: 31745222			
Bozeman	man MT 59718			
FEC ID number of contributing federal political committee.	C		365.00	
Name of Employer Self Employed	Occupation Doctor of Optometry			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	365.00		
Full Name (Last, First, Middle Initial) Dr Marcus A Simonich			Date of Receipt	
Mailing Address P O Box 1048			05 10 / Y Y Y Y Y	
City	State Zip Code		Transaction ID: 31745223	
Polson FEC ID number of contributing federal political committee.	MT 59860-1	048	Amount of Each Receipt this Period 500.00	
Name of Employer Self Employed	Occupation Doctor of Optometry			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	500.00		
	al)		1230.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 100 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any person g the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association	Folitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Elliott M Rosengarten		Date of Receipt
Mailing Address 7135 Shefford Lan	е	05 14 2010
City	State Zip Code	Transaction ID: 31750333
Louisville	KY 40242-2854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr G. Chad Green		Date of Receipt
Mailing Address 5960 Co Rd 19		05 14 2010
City	State Zip Code	Transaction ID: 31750334
Linden	AL 36748	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Markus I Barth		Date of Receipt
Mailing Address 1346 Heller Drive		05 14 YYYY 2010
City	State Zip Code	Transaction ID: 31750335
Yardley	PA 19067-2714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	66.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.35	
SUBTOTAL of Receipts This Page (option	al)	416.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stror for commercial purposes, other than using the	atements may	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Politi	ical Action (Committee	
Full Name (Last, First, Middle Initial) Dr Harald Vaher			Date of Receipt
Mailing Address 9217 Egret Ridge			05 13 YYYY 2010
City	State	Zip Code	Transaction ID: 31757567
Belmont	NC	28012-7636	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation	Optometry	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	. iggi ogato	1000.00	
Full Name (Last, First, Middle Initial) Dr Douglas Lloyd Conrath			Date of Receipt
Mailing Address 220 Plantation Drive Woodridge Plantation			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31757568
Mineral Wells	WV	26150-9635	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1	250.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Michael G Blake			Date of Receipt
Mailing Address P O Box 2859			05 13 YYYY 2010
City	State	Zip Code	Transaction ID: 31757571
Gallup	NM	87305-2859	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		600.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1099.00	
SUBTOTAL of Receipts This Page (optional)			1850.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 100 (check only one) X 11a 11b 11c 12
Any information copied from such Reports at	nd Statements may not be sold or used by any pers the name and address of any political committee t	13 14 15 16 5 16 5 16 5 16 5 16 5 16 5 16
NAME OF COMMITTEE (In Full) American Optometric Association I		
Full Name (Last, First, Middle Initial) Dr Michael J Duffy		Date of Receipt
Mailing Address Rr 3 Box 34		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31758479
Eureka	KS 67045-9208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr James L Thurber	ı	Date of Receipt
Mailing Address P O Box 634		05 12 2010
City	State Zip Code	Transaction ID: 31758487
Somerton	AZ 85350-0634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Thomas Robert Kroll	I	Date of Receipt
Mailing Address 9070 Rosada		05 12 2010
City	State Zip Code	Transaction ID: 31758497
Las Vegas	NV 89149-3555	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
		750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 35 / 100 (check only one)
-	I LIVIIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Polit	tical Action	Committee	
	,	LICAI ACIIOII	Committee	T
A.	Full Name (Last, First, Middle Initial) Dr Edward R Levy			Date of Receipt
	Mailing Address 15 Ferndale Rd			05 12 2010
	City	State	Zip Code	Transaction ID: 31758510
	New City	NY	10956-6308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	0 0	250.00	
– В.	Full Name (Last, First, Middle Initial) Dr Jim H Day, Sr	l		Date of Receipt
	Mailing Address 2212 Pinehurst Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31758518
	Gardendale	AL	35071-3822	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_ С.	Full Name (Last, First, Middle Initial) Dr Sandra J Sheppard			Date of Receipt
	Mailing Address 3825 Mount Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31763631
	Missoula	MT	59804-4606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			865.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 100 (check only one) X 11a 11b 11c 12
	d Statements may not be sold or used by any pers the name and address of any political committee t	13 14 15 16 son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association F	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr James Joseph Barney		Date of Receipt
Mailing Address P O Box 680 City	State Zip Code	05 15 2010
Livingston	MT 59047-0680	Transaction ID: 31763632 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 33047 0000	300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Dr Brad Alan Kimball		Date of Receipt
Mailing Address 5919 Sandalwood D	Prive	0 5 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31763633
Billings	MT 59106-9537	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr Scott L Nehring		Date of Receipt
Mailing Address 32840 S Meridian R	oad	05 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31763635
Woodburn	OR 97071-8768	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	42.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
SURTOTAL of Receipts This Page (ontional)	467.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 100 (check only one) X 11a		
or for commercial purposes, other than	orts and Statements may not be sold or used by any persorusing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) American Optometric Associa	tion Political Action Committee			
Full Name (Last, First, Middle Initial Dr Thomas W Hobbs Mailing Address 13 Ne 550 Rd		Date of Receipt		
	State 7in Code	05 16 2010		
City <u>Warrensburg</u>	State Zip Code MO 64093-7473	Transaction ID: 31763644 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer Self Employed	Occupation Doctor of Optometry			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial Dr Timothy G Koop		Date of Receipt		
Mailing Address 4912 Bluff Rui	Mailing Address 4912 Bluff Run Drive			
City	State Zip Code	Transaction ID: 31764924		
Greensboro	NC 27455-2200	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer Self Employed	Occupation Doctor of Optometry			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	250.00			
Full Name (Last, First, Middle Initial Dr Freddie M Mayes		Date of Receipt		
Mailing Address 117 Magnolia	Drive	05 17 2010		
City	State Zip Code	Transaction ID: 31764925		
Central City	KY 42330-1727	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer Self Employed	Occupation Doctor of Optometry			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (o	optional)	150.00		
	e 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 38 / 100 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Pe	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Lee Ann Barrett		Date of Receipt
Mailing Address 1199 E Morgan		05 17 2010
City	State Zip Code	Transaction ID: 31764926
Boonville	MO 65233-1336	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Missouri Optometric Assoc- iation, Inc.	Occupation Executive Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr Jennifer L Planitz		Date of Receipt
Mailing Address 3537 New Castle Dr	Se	05 17 2010
City	State Zip Code	Transaction ID: 31764927
Rio Rancho	NM 87124-3672	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr Craig F Clatanoff		Date of Receipt
Mailing Address 3537 Newcastle Dr S	Se	05 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31764928
Rio Rancho	NM 87124-3672	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
		350.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 100 (check only one) X
(Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Pol	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Robert J Parks			Date of Receipt
	Mailing Address 332 Sweet Allen Farm	n Rd		05 13 7 2010
	City Wakefield	State RI	Zip Code 02879-1492	Transaction ID: 31771035
	FEC ID number of contributing federal political committee.	C	02079-1492	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
– В.	Full Name (Last, First, Middle Initial) Dr Murray Fingeret Mailing Address 183 Lakeview Drive			Date of Receipt
	- ING Lakeview Drive	05 13 2010		
	City	State NY	Zip Code	Transaction ID: 31771038
	Hewlett FEC ID number of contributing federal political committee.	C	11557-1815	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ С.	Full Name (Last, First, Middle Initial) Dr Anne-Louise Goulet			Date of Receipt
	Mailing Address 75 Leighton Road			05 13 YYYYY 2010
	City	State	Zip Code	Transaction ID: 31771042
	Falmouth FEC ID number of contributing federal political committee.	C	04105-2207	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			1000.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40/100 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association F	Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr Michael Polasky			Date of Receipt
Mailing Address 5088 Breckenhurst	Dr		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Hilliard	State OH	Zip Code 43026-8659	Transaction ID: 31772413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45020-0039	250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Thomas Annunziato			Date of Receipt
Mailing Address 11700 Northview Dr	r		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31773212
Aledo FEC ID number of contributing federal political committee.	C	76008-5223	Amount of Each Receipt this Period 112.50
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 212.50	
Full Name (Last, First, Middle Initial) Dr James C Falconer, Jr			Date of Receipt
Mailing Address 3421 Kachemak Cir	rcle		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Anchorage	State AK	Zip Code	Transaction ID: 31773512
FEC ID number of contributing federal political committee.	C	99515-2380	Amount of Each Receipt this Period 84.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	- ' '	e Year-to-Date ▼ 420.00	
SUBTOTAL of Receipts This Page (optional			446.50

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 100 (check only one) X
NAME	nation copied from such Reports and St imercial purposes, other than using the OF COMMITTEE (In Full) ican Optometric Association Polit			on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr Rar	ame (Last, First, Middle Initial) ldy L Hertneky g Address 333 South Ivy	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Yuma FEC II	D number of contributing	CO	80759-2313	Amount of Each Receipt this Period 500.00
Name Self E Receip	of Employer mployed		n f Optometry e Year-to-Date ▼ 500.00	
Dr Wil	ame (Last, First, Middle Initial) iam A Turk g Address 161 Mule Deer Lane			Date of Receipt 0 5 1 4 2 0 1 0
	stown D number of contributing I political committee.	State MT	Zip Code 59457-1949	Transaction ID: 31778493 Amount of Each Receipt this Period 300.00
Receip	of Employer mployed of For: Primary General Other (specify)		f Optometry Year-to-Date 300.00	1
Dr Dou	ame (Last, First, Middle Initial) g D. Wallin g Address 904 E 34Th Street			Date of Receipt 0 5 1 4 2 0 1 0
	Falls	State SD	Zip Code 57105-5034	Transaction ID: 31778496 Amount of Each Receipt this Period
federa	O number of contributing I political committee. of Employer mployed	Occupation		500.00
Receip			f Optometry 9 Year-to-Date ▼ 500.00	
SUBTO	TAL of Receipts This Page (optional)			1300.00

SCHEDULE A (FI		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 100 (check only one) X
or for commercial purposes NAME OF COMMITTE	s, other than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, I Dr Bradley G Meier Mailing Address 455	50 166Th St State	Zip Code	Date of Receipt 0 5 1 4 2 0 1 0 Transaction ID: 31778500
Watertown FEC ID number of cont federal political committ		57201-7313	Amount of Each Receipt this Period 220.00
Name of Employer Self Employed Receipt For: Primary Other (specify)		ion of Optometry te Year-to-Date ▼ 470.00	
Full Name (Last, First, I Dr Marshall P Dorsett Mailing Address 129	Middle Initial) 38 Ironwood Drive		Date of Receipt 0 5 1 4 2 0 1 0
City Aberdeen	State SD	Zip Code 57401-8106	Transaction ID: 31778501 Amount of Each Receipt this Period
FEC ID number of control federal political committee	ributing		200.00
Name of Employer Self Employed	Occupat Doctor	ion of Optometry	
Receipt For: Primary Other (specify) ▼	General Aggrega	tte Year-to-Date ▼ 600.00	
Full Name (Last, First, I Dr P. Steven Anderson Mailing Address 304	Aiddle Initial)		Date of Receipt
City	State	Zip Code	0 5 1 4 2 0 1 0 Transaction ID: 31778503
Yankton FEC ID number of cont federal political committed.		57078-1423	Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupat Doctor	ion of Optometry	
Receipt For: Primary Other (specify)		tte Year-to-Date ▼ 200.00	
SUBTOTAL of Receipts	his Page (optional)		620.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 100 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	Statements may not be sold or used by any perse name and address of any political committee the litical Action Committee	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Mark D Struble Mailing Address 25041 Ridge Road City Chamberlain FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code SD 57325-6313 C Occupation Doctor of Optometry	Date of Receipt M M M
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 200.00	
Dr Jim Ruch Mailing Address 12940 Ironwood Drive City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Aberdeen FEC ID number of contributing	SD 57401-8106	Amount of Each Receipt this Period
federal political committee.	Occupation	200.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Doctor of Optometry Aggregate Year-to-Date 200.00	
Full Name (Last, First, Middle Initial) Dr Thomas F Billars		Date of Receipt
Mailing Address 4217 Thornwood Pl		05 14 YYYY 2010
City Sioux Falls	State Zip Code SD 57103-6622	Transaction ID: 31778507 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	
SUBTOTAL of Receipts This Page (optional)		600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 100 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persite name and address of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Po		
Full Name (Last, First, Middle Initial) Dr Aaron R Feser		Date of Receipt
Mailing Address 1015 Birchwood Lane)	0 5 1 4 2 0 1 0
City	State Zip Code	Transaction ID: 31778510
Aberdeen	SD 57401-8907	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	
Full Name (Last, First, Middle Initial) Dr P. Steven Anderson		Date of Receipt
Mailing Address 304 Valley Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31779043
<u>Yankton</u>	SD 57078-1423	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	9.75
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	209.75	
Full Name (Last, First, Middle Initial) Dr Thomas F Billars		Date of Receipt
Mailing Address 4217 Thornwood PI		05 14 YYYYY
City	State Zip Code	Transaction ID: 31780672
Sioux Falls	SD 57103-6622	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	9.75
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	209.75	
		219.50

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and	nd Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association P			o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Jim Ruch Mailing Address 12940 Ironwood Dri	ive		Date of Receipt 0 5 1 4 2 0 1 0
City	State	Zip Code	Transaction ID: 31780676
<u>Aberdeen</u>	SD	57401-8106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		9.75
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 209.75	
Full Name (Last, First, Middle Initial) Dr Marshall P Dorsett			Date of Receipt
Mailing Address 12938 Ironwood Dri			05 / 14 / 2010
City Aberdeen	State SD	Zip Code	Transaction ID: 31780687
FEC ID number of contributing federal political committee.	C	57401-8106	Amount of Each Receipt this Period 9.75
Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 609.75	
Full Name (Last, First, Middle Initial) Dr Mark D Struble			Date of Receipt
Mailing Address 25041 Ridge Road			0 5 1 4 2 0 1 0
City Chamberlain	State SD	Zip Code 57325-6313	Transaction ID: 31780798 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		9.75
Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 209.75	
SUBTOTAL of Receipts This Page (optional	l)		29.25

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 100 (check only one) X 11a	
0	ny information copied from such Reports and sort for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	American Optometric Association Pol	ilicai Action	Committee		
۸.	Full Name (Last, First, Middle Initial) Dr Doug D. Wallin Mailing Address 904 E 34Th Street			Date of Receipt	
	Walling Address 904 E 34 III Street			05 14 2010	
	City	State	Zip Code	Transaction ID: 31780800	
	Sioux Falls	SD	57105-5034	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		9.75	
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	509.75		
	Full Name (Last, First, Middle Initial) Dr Aaron R Feser			Date of Receipt	
	Mailing Address 1015 Birchwood Lane			05 14 2010	
	City	State	Zip Code	Transaction ID: 31780801	
	Aberdeen	SD	57401-8907	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		9.75	
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	209.75		
_	Full Name (Last, First, Middle Initial) Dr Pamela E Theriot			Date of Receipt	
	Mailing Address 120 W Vuelta Friso			05 19 2010	
	City	State	Zip Code	Transaction ID: 31785126	
	Sahuarita	AZ	85629-8672	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		50.00	
	Name of Employer Self Employed		f Optometry		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	7	
	Other (specify) ▼		250.00		
	SUBTOTAL of Receipts This Page (optional) .	1		69.50	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 100 (check only one) X
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any per using the name and address of any political committee tion Political Action Committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial Dr Ronald Lee Hopping Mailing Address 1801 Creeksic City Friendswood FEC ID number of contributing federal political committee.		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 909.10	
Full Name (Last, First, Middle Initial Dr Desiree Tyer Hopping Mailing Address 1801 Creeksic		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Friendswood FEC ID number of contributing federal political committee.	State Zip Code TX 77546-7821 C	Amount of Each Receipt this Period 181.82
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 909.10	
Full Name (Last, First, Middle Initial Dr Robert F Brooks Mailing Address 452 Bluebird [Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Russell FEC ID number of contributing federal political committee.	State Zip Code KY 41169-1570	Transaction ID: 31785130 Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (c	otional)	413.64

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Ì	NAME OF COMMITTEE (In Full) American Optometric Association Pol	itical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Scott M Burks Mailing Address P O Box 1351			Date of Receipt
	Mailing Address P O Box 1351			05 19 2010
	City	State	Zip Code	Transaction ID: 31785131
	Buffalo	MO	65622-1351	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
– В.	Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson			Date of Receipt
	Mailing Address 9940 S Ashleigh Way			05 19 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31785132
	Highlands Ranch	CO	80126-4244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		165.29
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 842.97	
- C.	Full Name (Last, First, Middle Initial) Dr Susan M Brunnett			Date of Receipt
	Mailing Address 9940 S Ashleigh Way			05 19 2010
	City	State	Zip Code	Transaction ID: 31785133
	Highlands Ranch	CO	80126-4244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		82.65
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 421.50	
	SUBTOTAL of Receipts This Page (optional)			347.94
	TOTAL This Period (last page this line number			

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 100 (check only one) X 11a
A 0	ny information copied from such Reports and s r for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	American Optometric Association Pol	litical Action	Committee	
	Full Name (Last, First, Middle Initial) Dr Kathleen E Powell			Date of Receipt
	Mailing Address 9710 Copper Drive			05 19 2010
	City	State	Zip Code	Transaction ID: 31785137
	Anchorage	AK	99507-1226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		91.60
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	_ '	e Year-to-Date ▼	
	Primary General Other (specify) ▼		358.80	
	Full Name (Last, First, Middle Initial) Dr Jan L Cooper	Date of Receipt		
	Mailing Address 101 Chandler West		05 19 7 2010	
	City	State	Zip Code	Transaction ID: 31785138
	<u>Highland</u>	CA	92346-5482	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
_	Full Name (Last, First, Middle Initial) Dr Kevin L Alexander	1		Date of Receipt
	Mailing Address 2116 Wildwood Court	05 20 2010		
	City	State	Zip Code	Transaction ID: 31787702
	Fullerton	CA	92831-1339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Self Employed Occupation Doctor of Contributing federal political committee.			50.00
			n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	250.00	
Γ	SUBTOTAL of Receipts This Page (optional) .			391.60

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po			son for the purpose of soliciting contributions o solicit contributions from such committee.
		Committee	
Full Name (Last, First, Middle Initial) Dr lan B Gaddie			Date of Receipt
Mailing Address 5600 Schuler Lane City	State	Zip Code	0 5 2 0 2 0 1 0 Transaction ID: 31787705
Prospect	KY	40059-9501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Thomas E Nye Mailing Address 42 Tabor Lane			Date of Receipt
Maining Address 42 Tabor Larie			05 20 2010
City	State	Zip Code	Transaction ID: 31787706
<u>Hamilton</u>	OH	45013-5118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		86.36
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 431.80	
Full Name (Last, First, Middle Initial) Dr Curtis L Dix			Date of Receipt
Mailing Address 501 E. Ridgeview			05 20 YYYYY 20 2010
City	State	Zip Code	Transaction ID: 31787707
Culver	OR	97734-9712	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			461.36

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full) American Optometric Association	s and Statements may not be sold or used by any personn the name and address of any political committee on Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Frank P Castaldi Mailing Address 21 Wilton Acres		Date of Receipt Date of Receipt
City	State Zip Code	Transaction ID: 31788060
Wilton FEC ID number of contributing federal political committee.	CT 06897-4530	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Dr James J Veliky Mailing Address 339 Pinehaven I	Dr	Date of Receipt 0 5 18 2 0 1 0
City	State Zip Code	Transaction ID: 31788093
Pittsburgh FEC ID number of contributing federal political committee.	PA 15241-1625	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Ronald R Ferrucci Mailing Address 5 Leah Lane	I	Date of Receipt
		05 18 2010
City Milford	State Zip Code MA 01757-1276	Transaction ID: 31788094 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (opti	onal)	1115.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 100 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F	the name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Christopher G Petersen Mailing Address 4733 Rd N 5 Nw Po Box 488			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Quincy FEC ID number of contributing	State WA	Zip Code 98848-0488	Transaction ID: 31788153 Amount of Each Receipt this Period
federal political committee. Name of Employer Self Employed Receipt For: Primary General		Optometry Year-to-Date ▼	200.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Brett G Bence Mailing Address 5708 95Th Place St	w	400.00	Date of Receipt
City Mukilteo FEC ID number of contributing federal political committee.	State WA	Zip Code 98275-3654	0 5 1 7 2 0 1 0 Transaction ID: 31788155 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		Optometry Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr Riley Austin Mailing Address 8204 Lake Sherwoo	od Cir		Date of Receipt
City Northport FEC ID number of contributing federal political committee.	State AL	Zip Code 35473-8425	0 5 1 7 2 0 1 0 Transaction ID: 31788162 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed		Optometry	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	ال		950.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 100 (check only one) X
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
American Optometric Association Po	Diffical Action (Committee	
Full Name (Last, First, Middle Initial) Dr Richard L Foss Mailing Address W5224 Knobloch Ro	ad		Date of Receipt
			05 17 2010
City	State	Zip Code	Transaction ID: 31788165
<u>La Crosse</u>	WI	54601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00]
Full Name (Last, First, Middle Initial) Dr George J Brown, III			Date of Receipt
Mailing Address 163 Brightridge Ave			05 17 2010
City	State	Zip Code	Transaction ID: 31788166
E Providence	RI	02914-3236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr Larry E Harris			Date of Receipt
Mailing Address 6021 Nw Glenwood	Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31788171
Topeka	KS	66617-1333	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00]
SUBTOTAL of Receipts This Page (optional)	1		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 11			
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
American Optometric Association Politi	ical Action Committee				
Full Name (Last, First, Middle Initial) Dr Lynn R Gabe		Date of Receipt			
Mailing Address 7302 Country Club Dr City	State Zip Code	0 5 1 7 2 0 1 0 Transaction ID: 31788175			
Pinetop	AZ 85935-8700	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	250.00			
Name of Employer Self Employed	Occupation Doctor of Optometry	_			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Dr Linda Kyungsook Hur	Date of Receipt				
Mailing Address 650 Benvenue Avenue					
City	State Zip Code	Transaction ID: 31788176			
Los Altos	CA 94024-4013	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	250.00			
Name of Employer Self Employed	Occupation Doctor of Optometry				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Dr Jill M Miller		Date of Receipt			
Mailing Address 5358 W 100Th Ct		0 5 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: 31788182			
Westminster	CO 80030	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Self Employed	Occupation Doctor of Optometry				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (optional)		750.00			
TOTAL This Period (last page this line number of	· ·				

or fo			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
/ [r information copied from such Reports and sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
)	American Optometric Association Po			
A. _	Full Name (Last, First, Middle Initial) Dr James P De Vleming			Date of Receipt
-	Mailing Address 670 Se Meadowvale	01-1-	7'- 0-1-	05 17 2010
	City Pullman	State WA	Zip Code 99163	Transaction ID: 31788184 Amount of Each Receipt this Period
- F	FEC ID number of contributing federal political committee.	C	99100	500.00
1	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
3. _	Full Name (Last, First, Middle Initial) Dr Thomas J Overberg Mailing Address P O Box 1227			Date of Receipt
	Walling Address F O Box 1227			05 17 2010
	City	State	Zip Code	Transaction ID: 31788185
-	Fremont	OH	43420-8227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
<u> </u> - -	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
F	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial) Dr James P Busche			Date of Receipt
	Mailing Address 2 W Wilmert Lake Dr			05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31788190
F	Fairmont FEC ID number of contributing federal political committee.	C	56031-5056	Amount of Each Receipt this Period 500.00
<u>1</u>	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Ī	Receipt For: Primary General Other (specify) ▼	_ '	e Year-to-Date ▼ 500.00	
SU	IBTOTAL of Receipts This Page (optional) .	1		1250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 100 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any per g the name and address of any political committee Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Terry Lee Schitoskey Mailing Address 1920 Centerview City Midland FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code TX 79707-9763 C Occupation	Date of Receipt M M
Receipt For: Primary General Other (specify) ▼	Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Kenneth Whitten Best Mailing Address 21223 Country Clu	ub Dr	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31788204
Cornelius	NC 28031-6627	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Craig G. Hoover		Date of Receipt
Mailing Address 700 Friendship Wa		05 / 014 / 2010
City	State Zip Code	Transaction ID: 31788206
Culpeper FEC ID number of contributing federal political committee.	VA 22701-4337	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1115.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	e (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Randall K Puckett Mailing Address 1109 Mccann Dr #2 City Winchester FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code KY 40391-1178 C Occupation Doctor of Optometry	Date of Receipt M M M / D D M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.0	00
Full Name (Last, First, Middle Initial) Dr Gary Walter Upchurch Mailing Address 216 Oak Street City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Byrdstown FEC ID number of contributing federal political committee.	TN 38549-2444	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.0	00
Full Name (Last, First, Middle Initial) Dr Michael D Ackermann Mailing Address 1012 M 6Th St		Date of Receipt
City Lake City FEC ID number of contributing	State Zip Code MN 55041	Transaction ID: 31788213 Amount of Each Receipt this Period
federal political committee. Name of Employer Self Employed	Occupation Doctor of Optometry	500.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	00
SUBTOTAL of Receipts This Page (optional)		1000.00

9	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 58 / 100 (check only one)
-	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Polit	ical Action (Committee	
. 2	Full Name (Last, First, Middle Initial)			
A.	Dr Jeffrey K Smith Mailing Address 145 Unity Lane	Date of Receipt M		
	City	State	Zip Code	Transaction ID: 31788215
	Crossett	AR	71635-9175	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
_ В.	Full Name (Last, First, Middle Initial) Dr Michael E Bennett			Date of Receipt
	Mailing Address 4940 Victoria Place			05 21 2010
	City	State	Zip Code	Transaction ID: 31789787
	Guthrie	OK	73044-8668	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	833.35	
С. С.	Full Name (Last, First, Middle Initial) Dr Marshall P Dorsett			Date of Receipt
	Mailing Address 12938 Ironwood Drive			05 21 2010
	City Aberdeen	State SD	Zip Code 57401-8106	Transaction ID: 31789789 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	-	Year-to-Date ▼ 809.75	
	SUBTOTAL of Receipts This Page (optional)			866.67

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(crieck only one)
Any information copied from such Repo or for commercial purposes, other than NAME OF COMMITTEE (In Full) American Optometric Associat	ts and Statements may not be sold or used by any using the name and address of any political committon on Political Action Committee	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Robert G Goerss Mailing Address 3120 Brookford City Saint Charles FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code MO 63303-6356 C Occupation Doctor of Optometry	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Erica A Burton Mailing Address 578 E Hwy T City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Lamar FEC ID number of contributing federal political committee.	MO 64759-8209	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr Kathleen E Goff Mailing Address 114 Crested Pe	nak	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Santa Teresa FEC ID number of contributing	State Zip Code NM 88008-9423	Transaction ID: 31790408 Amount of Each Receipt this Period
federal political committee. Name of Employer Self Employed	Occupation Doctor of Optometry	86.36
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 431.80	
SUBTOTAL of Receipts This Page (or	tional)	186.36

A.

В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 60 / 100	
ITEMIZED RECEIPTS		for each category of the	(check only one)	
TEMPLES TILOLII 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and Sta	atomonte may	y not be cold or used by any norse		
or for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
American Optometric Association Politi	ical Action (Committee		
Full Name (Last, First, Middle Initial) Dr Larry D Gunnell			Date of Receipt	
Mailing Address #7 Brenna Dr			05 23 7 2010	
City	State	Zip Code	Transaction ID: 31790409	
Wichita Falls	TX	76302-2506	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		83.33	
Name of Employer Self Employed	Occupation Doctor of	n Optometry		
Receipt For:	Aggregate	Year-to-Date ▼	7	
Primary General		416.65		
Other (specify) ▼		110.00		
Full Name (Last, First, Middle Initial) Dr Christy Lynn Warford			Date of Receipt	
Mailing Address 3601 Lareforma			M M / D D / Y Y Y Y	
			05 23 2010	
City	State	Zip Code	Transaction ID: 31790410	
<u>Baytown</u>	<u>TX</u>	77521-9175	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		83.34	
Name of Employer Self Employed	Occupation Doctor of	n Optometry		
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General		416.70		
Other (specify) ▼	0 0			
Full Name (Last, First, Middle Initial) Dr Mario A Caballero			Date of Receipt	
Mailing Address 1080 Loma De Alma			05 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: 31790413	
El Paso	TX	79934	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		90.91	
Name of Employer Self Employed	Occupation Doctor of	Optometry		
Receipt For:		Year-to-Date ▼	7	
Primary General	11 4	454.55	1	
Other (specify) ▼	0 0	404.00		
SUBTOTAL of Receipts This Page (optional)			257.58	

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 100 (check only one) X 11a
or for commercial purposes, o	ther than using the name and a	address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Mid Dr Joseph J. Jordan, Jr Mailing Address 224 La City Tilton		Zip Code 03276-5223	Date of Receipt 0 5 2 3 2 0 1 0 Transaction ID: 31790414 Amount of Each Receipt this Period
FEC ID number of contributed rederal political committee. Name of Employer Self Employed	Uting C Occupat		166.67
Other (specify) ▼	Aggrega	ate Year-to-Date 500.01	
Full Name (Last, First, Mid Dr Barry J Barresi Mailing Address 659 Sp	dle Initial) pyglass Summit Drive		Date of Receipt Date of Receipt 2 3 2 1 0
City	State	Zip Code	Transaction ID: 31790415
Chesterfield FEC ID number of contributederal political committee.	MO C	63017-2142	Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupat Doctor	ion of Optometry	
Receipt For: Primary Ge Other (specify) ▼	Aggrega	ate Year-to-Date 600.00	
Full Name (Last, First, Mid Dr Jennifer E Davis	dle Initial)		Date of Receipt
Mailing Address 16 Par	mbrook Dr		05 / 24 / 2010
City	State	Zip Code	Transaction ID: 31790462
Fishersville FEC ID number of contributed federal political committee.	vA viting C	22939-2123	Amount of Each Receipt this Period 45.00
Name of Employer Self Employed	Occupat Doctor	tion of Optometry	
Receipt For: Primary Other (specify) ▼		ate Year-to-Date 225.00	
SUBTOTAL of Receipts This	s Page (optional)		411.67

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than use NAME OF COMMITTEE (In Full) American Optometric Association	s and Statements may not be sold or used by any per ing the name and address of any political committee in Political Action Committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Brian J Blount Mailing Address 5830 N Circuit City Beaumont FEC ID number of contributing	State Zip Code TX 77706-4428	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
rec in humber of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 909.10	181.82
Full Name (Last, First, Middle Initial) Dr Teresa M Seim Mailing Address 7328 Glade Trai City Kalamazoo	State Zip Code MI 49009-5921	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date 210.00	42.00
Full Name (Last, First, Middle Initial) Dr Pamela A Lowe Mailing Address 6835 Concord La City Niles FEC ID number of contributing	State Zip Code IL 60714-4431	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (opti	onal)	323.82

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association I	nd Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Martin H Carroll Mailing Address 3700 Essex Road		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cheyenne	State Zip Code WY 82001-1641	Transaction ID: 31790466 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr Ted A Mc Elroy Mailing Address 2812 Ridge Avenue	e North	Date of Receipt 0 5 2 4 2 0 1 0
City	State Zip Code	Transaction ID: 31790467
Tifton FEC ID number of contributing federal political committee.	GA 31794-1327	Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Dennis M Brtva Mailing Address 57 Pebblebrook Ct		Date of Receipt
City	State Zip Code	0 5 2 4 2 0 1 0 Transaction ID: 31790470
Bloomington	IL 61705-6300	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	
SUBTOTAL of Receipts This Page (optional	al)	285.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 100 (check only one) X
or f	y information copied from such Reports and sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pole	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
١.	Full Name (Last, First, Middle Initial) Dr Steven Thomas Reed Mailing Address 4550 Simpson Hwy 2	8 W		Date of Receipt
	City Magee	State MS	Zip Code 39111-5187	0 5 2 4 2 0 1 0 Transaction ID: 31790471
	FEC ID number of contributing federal political committee.	C	39111-3107	Amount of Each Receipt this Period 90.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		f Optometry e Year-to-Date ▼ 450.00	
3.	Full Name (Last, First, Middle Initial) Dr Peter V Candela Mailing Address P O Box 614	0 0		Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City Blythewood	State SC	Zip Code 29016-0614	Transaction ID: 31790472
	FEC ID number of contributing federal political committee.	C	23010-0014	Amount of Each Receipt this Period 83.34
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 333.36	
	Full Name (Last, First, Middle Initial) Dr Dori M Carlson			Date of Receipt
	Mailing Address P O Box 0			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Park River	State ND	Zip Code 58270	Transaction ID: 31790473 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
sı	JBTOTAL of Receipts This Page (optional) .			373.34

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting con or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such co NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr Donald Lester Watson Mailing Address 118 San Marco Drive City State Zip Code Tybee Island GA 31328-9706 FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. Parkeley CA 94702-1128 FEC ID number of contributing federal political committee. City State Zip Code CA 94702-1128 FEC ID number of contributing federal political committee. City State Zip Code CA 94702-1128 FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Dr Daniel Dawson Coyle Mailing Address 310 Tea Farm Road City State Zip Code Transaction ID: 3179237 Amount of Each Receipt to Date of Receipt Date of Receipt Transaction ID: 3179237 Amount of Each Receipt to Date of Receipt Transaction ID: 3179237 Amount of Each Receipt to Date of Receipt Transaction ID: 3179237 Amount of Each Receipt to Date of Receipt Transaction ID: 3179237 Amount of Each Receipt to Date of Receipt Transaction ID: 3179237 Amount of Each Receipt Transaction ID: 3179237 Amount of Each Receipt Transaction ID: 3179237 Transaction ID: 3179237 Transaction ID: 3179237	e separate schedule(s) each category of the (check or	EDULE A (FEC Form 3X) IZED RECEIPTS		
Dr Donald Lester Watson Mailing Address 118 San Marco Drive City Tybe Island FEC ID number of contributing federal political committee. Name of Employer Self Employed City State Zip Code GA 31328-9706 FEC ID number of contributing federal political committee. Name of Employer Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Primary General City State Zip Code CA 94702-1128 Date of Receipt for: Primary General City State Zip Code CA 94702-1128 FEC ID number of contributing federal political committee. City Primary General City State Zip Code CA 94702-1128 Date of Receipt for: Primary General City State Zip Code Doctor of Optometry Aggregate Year-to-Date ▼ Date of Receipt for: Primary General City State Zip Code SC 29483-4218 Date of Receipt for: Primary General Amount of Each Receipt thingeness for formal for	e sold or used by any person for the purificant political committee to solicit control	ommercial purposes, other than using the name and add ME OF COMMITTEE (In Full)	r the purpose of soliciting contributions	
Tybee Island FEC ID number of contributing federal political committee. Name of Employer Self Employed Cocupation Doctor of Optometry Receipt For: Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 3179237 Amount of Each Receipt the Date of Receipt Transaction ID: 3179237 Amount of Each Receipt the Date of Receipt Transaction ID: 3179237 Amount of Each Receipt the Date of Receipt the Date	M	onald Lester Watson	M M / D D / Y Y Y Y	
Receipt For: Primary		ee Island GA ID number of contributing	Transaction ID: 31792366 Amount of Each Receipt this Period 50.00	
Date of Receipt Mailing Address 1370 Peralta Avenue City Berkeley CA 94702-1128 FEC ID number of contributing federal political committee. Name of Employer Self Employed Other (specify) ▼ City State City Receipt For: Primary Other (specify) ▼ City State FEC ID number of Contributing federal political committee. Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Dr Daniel Dawson Coyle Mailing Address City State State Zip Code Transaction ID: 3179237 Amount of Each Receipt thi Date of Receipt Transaction ID: 3179237 Aggregate Year-to-Date Transaction ID: 3179237 Amount of Each Receipt thi C Transaction ID: 3179237 Amount of Each Receipt thi C Name of Employer Self Employed Primary General Occupation Doctor of Optometry Receipt For: Primary General Occupation Doctor of Optometry Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date	o-Date ▼	eipt For: Primary General Aggregate		
City State Zip Code CA 94702-1128 FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Daniel Dawson Coyle Mailing Address 310 Tea Farm Road City State Zip Code SC 29483-4218 FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employed Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ City State Zip Code SC 29483-4218 FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Primary General Aggregate Year-to-Date ▼ Primary General 275 00	M	Dr Cheslyn Mei Gan		
Name of Employer Self Employed Receipt For: Primary Other (specify) Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Dr Daniel Dawson Coyle Mailing Address 310 Tea Farm Road City State SC 29483-4218 FEC ID number of contributing federal political committee. Name of Employer Self Employed Name of Employer Self Employed Ccupation Doctor of Optometry Aggregate Year-to-Date Capable Aggregate Year-to-Date	ip Code Transa		Transaction ID: 31792370 Amount of Each Receipt this Period	
Self Employed Doctor of Optometry Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Daniel Dawson Coyle Mailing Address 310 Tea Farm Road City State			42.00	
Other (specify) ▼ Pull Name (Last, First, Middle Initial) Dr Daniel Dawson Coyle Mailing Address 310 Tea Farm Road City State Zip Code Summerville SC 29483-4218 FEC ID number of contributing federal political committee. Name of Employer Self Employed Cupation Doctor of Optometry Receipt For: Primary General Aggregate Year-to-Date ▼ 210.00 Date of Receipt Transaction ID: 3179237 Amount of Each Receipt thi		Employed Doctor o eipt For: Aggregate		
Dr Daniel Dawson Coyle Mailing Address 310 Tea Farm Road City State Zip Code Summerville SC 29483-4218 FEC ID number of contributing federal political committee. Name of Employer Self Employed Primary General Date of Receipt Transaction ID: 3179237 Amount of Each Receipt thi	210.00	,		
City State Zip Code SC 29483-4218 FEC ID number of contributing federal political committee. Name of Employer Self Employed Primary General State Zip Code SC 29483-4218 C C Transaction ID: 3179237 Amount of Each Receipt this self-self-self-self-self-self-self-self-	M	aniel Dawson Coyle	M M / D D / Y Y Y Y	
Summerville SC 29483-4218 Amount of Each Receipt thi FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Primary General Amount of Each Receipt thi		State		
Federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Primary General Occupation Doctor of Optometry Aggregate Year-to-Date 375.00			Amount of Each Receipt this Period	
Receipt For: Primary General Aggregate Year-to-Date 775.00			125.00	
Primary General		Doctor o		
	1 1 1 1 1 1	Primary General		
SUBTOTAL of Receipts This Page (optional)	<u> </u>	OTAL of Receipts This Page (optional)	217.00	

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 100 (check only one) X 11a 11b 11c 12
Any information copied from such Reports a or for commercial purposes, other than using	Ind Statements may not be sold or used by any pe g the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association		
Full Name (Last, First, Middle Initial) Dr Richard D Salisbury		Date of Receipt
Mailing Address P O Box 1473 11477 Main Street		0 5 2 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31799322
Martin	KY 41649-1473	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	333.34
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	333.34	
Full Name (Last, First, Middle Initial) Dr Richard Joel Schamerloh		Date of Receipt
Mailing Address 2411 Windsong Co	ourt	05 25 2010
City	State Zip Code	Transaction ID: 31799356
Fort Wayne	IN 46804-7761	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Richard L. Talkington		Date of Receipt
Mailing Address 461 Pleasant St P.O. Box 521		05 26 YYYYY
City	State Zip Code	Transaction ID: 31799392
<u>Franklin</u>	NH 03235-1885	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	550.00	
		683.34

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association I	nd Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Lynne Elaine Pierce Mailing Address 1399 County Line F City York Springs FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code PA 17372-9021 C Occupation Doctor of Optometry Aggregate Year-to-Date	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Daniel J De Winter Mailing Address W170 57266 Mead City Muskego FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupation	Date of Receipt M
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr Susan A Driscoll Mailing Address 717 St Dunstan Wa	Doctor of Optometry Aggregate Year-to-Date ▼ 300.00	Date of Receipt
City Winter Park FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code FL 32792-4851 C Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	Transaction ID: 31800726 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional	al)	915.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 100 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Tasker N Rodman, II Mailing Address 5 Hyde Ct City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Little Rock FEC ID number of contributing federal political committee.	AR 72212-2720	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr Jerald F Combs Mailing Address 472 Rt Fork Bull	Creek	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31800738
Prestonsburg	KY 41653	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	7
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Brent E Shelley Mailing Address P O Box 130	•	Date of Receipt
		05 19 2010
City Mesilla Park	State Zip Code NM 88047-0130	Transaction ID: 31800740 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (ontic	onal)	1250.00

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 100 (check only one) X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persoring the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association	n Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Susan W Hendrix		Date of Receipt
Mailing Address 4303 Fayetteville	Road	05 21 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31801557
Raeford	NC 28376-8052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr David Philip Duval		Date of Receipt
Mailing Address 8280 Whisper La	kes Court	05 21 2010
City	State Zip Code	Transaction ID: 31801577
Mobile	AL 36619	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Dan A Nielsen		Date of Receipt
Mailing Address 110 E Rogers		0 5 2 4 2 0 1 0
City	State Zip Code	Transaction ID: 31805568
<u>Salem</u>	IL 62881-2901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (ontin	onal)	1115.00

SCHEDULE A (FEC FOI ITEMIZED RECEIPTS	for each c	rate schedule(s) (check only one) X 11a 11b 11c 12 13 14 15 16	
or for commercial purposes, other the NAME OF COMMITTEE (In Full)	ports and Statements may not be sold of an using the name and address of any position Political Action Committee	or used by any person for the purpose of soliciting contributions political committee to solicit contributions from such committee.	
Full Name (Last, First, Middle Init Dr Lindsey M Clyde Mailing Address 3030 N Have		Date of Receipt	
Mailing Address 3030 N Hayo	gen	05 24 2010	
City	State Zip Code		
Scottsdale FEC ID number of contributing federal political committee.	AZ 85251-6	Amount of Each Receipt this Period 500.00	
Name of Employer Self Employed	Occupation Doctor of Optometry	у	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	500.00	
Full Name (Last, First, Middle Init Dr Scott Edward Saunders	al)	Date of Receipt	
Mailing Address 14 Heather H	Mailing Address 14 Heather Hill Road		
City Winsted N	State Zip Code CT 06098	0 5 2 4 2 0 1 0	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Self Employed	Occupation Doctor of Optometry	y	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
Full Name (Last, First, Middle Init	al)	Date of Receipt	
Mailing Address 183 Lakevie	w Drive	0 5 2 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Hewlett	State Zip Code NY 11557-1	de Transaction ID: 31805572	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Self Employed	Occupation Doctor of Optometry	y	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	500.00	
SUBTOTAL of Receipts This Page	(optional)	1000.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 100 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any pe the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association I	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Masoud Ghohestani		Date of Receipt
Mailing Address P O Box 4174		05 24 7 2010
City	State Zip Code	Transaction ID: 31805573
Lawrenceburg	IN 47025-4174	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	—
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr Paul Bryan Stauder	-	Date of Receipt
Mailing Address 8 Victory Ln		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31805580
<u>Fairfield</u>	IL 62837-1363	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Maryjane Healey		Date of Receipt
Mailing Address 6710 124Th Place	Se	05 27 Y Y Y Y Y
City	State Zip Code	Transaction ID: 31807594
Snohomish	WA 98296-8649	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
CURTOTAL of Descripto This Bosse (c. 1)	al)	700.00

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 72 / 100 (check only one)
ľ	ITEMIZED RECEIPTS		for each category of the	
•			Detailed Summary Page	
				13 14 15 16 17
4	Any information copied from such Reports and State for commercial purposes, other than using the r	atements mag name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politi	cal Action	Committee	
ے A.	Full Name (Last, First, Middle Initial) Dr C. Thomas Crooks, III			
	Mailing Address 1229 Highland Lakes Tr			
	City	State	Zip Code	Transaction ID: 31807598
	Birmingham	AL	35242-6886	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupatio	n f Optometry	
	Receipt For:	-	e Year-to-Date ▼	-
	Primary General	Aggregate	r rear-to-bate v	
	Other (specify)		250.00	
	canal (openity) \	0 0	0 0 0 0 0 0 0	
— В.	Full Name (Last, First, Middle Initial) Dr Lynn A Davis			Date of Receipt
	Mailing Address 1424 Tiffany Lane Se			M M / D D / Y Y Y Y
	City State		Zip Code	05 27 2010
	•	NM	•	Transaction ID: 31807599
	Rio Rancho	INIVI	87124-0976	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer Self Employed	Occupatio	n	7
	Self Employed	Doctor of	f Optometry	
	Receipt For:	-	e Year-to-Date ▼	
	Primary General	7.99.094.0		1
	Other (specify) ▼		416.70	
				'
_ С.	Full Name (Last, First, Middle Initial) Dr William Allen Bordwell			Date of Receipt
	Mailing Address 409 Robinson Drive			05 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31809631
	Geneseo	IL	61254	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Solf Employed Occupation			365.00
			n f Optometry	
	Receipt For:		e Year-to-Date ▼	-
	Primary General	Aggregate	, i cai-lo-Dale •	1
	Other (specify)		365.00	
Г				
				498.34
	SUBTOTAL of Receipts This Page (optional)		······	450.04

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 100 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any perso g the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr T. Joel Byars Mailing Address 100 Augusta Drive City McDonough FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code GA 30253-4267 C Occupation Doctor of Optometry	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Shandor Zelenger Mailing Address 3000 Ocean Pkwy City	Apt 1A State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Brooklyn FEC ID number of contributing federal political committee.	NY 11235-8344	Transaction ID: 31811898 Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Jerry W Ferrell Mailing Address 647 Mayfield Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Marion FEC ID number of contributing federal political committee.	State Zip Code OH 43302-5835	Transaction ID: 31811899 Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	nal)	2250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 100 (check only one) X 11a
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Pol	itical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Suzanne Pon Lee			Date of Receipt
	Mailing Address 11944 Bernardo Plaza	a Dr		05 14 2010
	City	State	Zip Code	Transaction ID: 31811901
	San Diego	CA	92128-2538	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	0 0	500.00	
— В.	Full Name (Last, First, Middle Initial) Dr Bob Joe			Date of Receipt
	Mailing Address 9700 Morning Ct			0 5 2 6 2 0 1 0
	City	State	Zip Code	Transaction ID: 31813849
	Austin	TX	78759	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	
 C.	Full Name (Last, First, Middle Initial) Dr Donald B Leach			Date of Receipt
	Mailing Address 221 Wittwer Ct Nw P O Box 129			05 26 2010
	City	State	Zip Code	Transaction ID: 31813850
	Los Lunas	NM	87031-8438	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1250.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 100 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any portion of the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Gary Keith Bockhold		Date of Receipt
Mailing Address 7416 South Serence City	State Zip Code	05 26 2010 Transaction ID: 31813851
Sarasota FEC ID number of contributing federal political committee.	FL 34241-9137	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry Aggregate Year-to-Date	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr Harry Robert Denison Mailing Address Pine Forest Lane		Date of Receipt 0 5 2 6 2 0 1 0
P O Box 725 City	0 5 2 6 2 0 1 0 Transaction ID: 31813852	
<u>Fordyce</u>	State Zip Code AR 71742-0725	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Stephen Harold Spencer		Date of Receipt
Mailing Address 1998 W 12Th Ln		05 26 YYYY 2010
City	State Zip Code	Transaction ID: 31813855
Yuma	AZ 85364-4358	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (option	al)	865.00

ITEN	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 100 (check only one) X
or for	commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	ME OF COMMITTEE (In Full) merican Optometric Association Po	olitical Action	Committee	
. Dr	Il Name (Last, First, Middle Initial) Nancy A Stehlik ailing Address 2701 Zambia Dr			Date of Receipt
		State	Zip Code	0 5 2 6 2 0 1 0 Transaction ID: 31813864
	edar Park	TX	78613-1554	Amount of Each Receipt this Period
FE	C ID number of contributing deral political committee.	С		365.00
Na Se	ime of Employer Ilf Employed	Occupation Doctor of	n f Optometry	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
	II Name (Last, First, Middle Initial) Kenneth R Bair			Date of Receipt
	ailing Address 676 Howard Road			05 26 2010
Cit	•	State	Zip Code	Transaction ID: 31813869
<u>Ri</u>	dgewood	NJ	07450-2004	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	C		250.00
Na Se	ame of Employer olf Employed	Occupation Doctor of	ⁿ f Optometry	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	ll Name (Last, First, Middle Initial) Gary Bryan Lukes			Date of Receipt
	siling Address 506 Curtis Street P.O. Box 10			05 26 2010
Cit	•	State WI	Zip Code	Transaction ID: 31813870
FE	oring Valley C ID number of contributing deral political committee.	C	54767-0010	Amount of Each Receipt this Period 350.00
Na Se	ime of Employer elf Employed	Occupatio Doctor of	n f Optometry	
Re	eceipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
SUB.	TOTAL of Receipts This Page (optional)		_	965.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate sche for each category o Detailed Summary	f the
or fo	or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
///	American Optometric Association Po	itical Action Committee	
	Full Name (Last, First, Middle Initial) Dr Denis L Mc Donald		Date of Receipt
_	Mailing Address 5659 Jonquil Lane		05 26 2010
	City	State Zip Code	Transaction ID: 31813873
<u>(</u>	<u> Ooltewah</u>	TN 37363-5122	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C	250.00
<u> </u>	Name of Employer Self Employed	Occupation Doctor of Optometry	
F	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	50.00
	Full Name (Last, First, Middle Initial) Dr Paul J Werdell	1	Date of Receipt
N	Mailing Address 49 Hansen Drive		05 26 YYYYY 2010
C	Dity	State Zip Code	Transaction ID: 31813874
7	Vernon	CT 06066-5914	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C	500.00
N 5	Name of Employer Self Employed	Occupation Doctor of Optometry	
F	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
	Full Name (Last, First, Middle Initial) Or Beth A Kneib		Date of Receipt
N	Mailing Address 602 Nw 163Rd St		05 28 2010
	Dity	State Zip Code	Transaction ID: 31816346
5	Shoreline	WA 98177-3727	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C	41.66
1	Name of Employer Self Employed	Occupation Doctor of Optometry	
F	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	08.30
			791.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 100 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and addre	ot be sold or used by any perso ss of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Polit	tical Action Co	mmittee	
<u>/ </u>			
Full Name (Last, First, Middle Initial) Dr Trevor J Cleveland			Date of Receipt
Mailing Address 1610 Wilson Court			05 28 2010
City	State	Zip Code	Transaction ID: 31816347
Eugene	OR	97402-3361	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation Doctor of C)ntometry	
Receipt For:		ear-to-Date $lacktriangleright$	
Primary General Other (specify) ▼	Aggregate	250.00	
Full Name (Last, First, Middle Initial) Dr Larry G Obie	l .		Date of Receipt
Mailing Address 1330 12Th Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31816349
<u>Havre</u>	MT	59501-5401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation Doctor of C	Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Andrea P Thau			Date of Receipt
Mailing Address 170 East 83 Street			05 28 2010
City	State	Zip Code	Transaction ID: 31816350
New York	NY	10028-1920	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		166.67
Name of Employer Self Employed	Occupation Doctor of C	ptometry	
Receipt For: Primary General Other (specify) ▼	. '	ear-to-Date ▼ 833.35	
SUBTOTAL of Receipts This Page (optional)			266.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 100 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Kenneth Ray Moultrie Mailing Address 1809 Gaslight Wa	av	Date of Receipt
City	State Zip Code	0 5 2 8 2 0 1 0 Transaction ID: 31816351
Huntsville FEC ID number of contributing federal political committee.	AL 35801-1555	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr James R Hale Mailing Address 5553 Sw Bluesten	m PI	Date of Receipt 0 5 28 2010
City Corvallis FEC ID number of contributing federal political committee.	State Zip Code OR 97333-1354	Transaction ID: 31816352 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Michele R Haranin Mailing Address 301 Concord Roa	d	Date of Receipt
City Dover	State Zip Code DE 19904-9100	Transaction ID: 31816353 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	600.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 100 (check only one) X
Ai	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Po	litical Action Committee	
	Full Name (Last, First, Middle Initial) Dr Robert J Fleckenstein		Date of Receipt
	Mailing Address 1830 Rebel Ridge		05 28 2010
	City	State Zip Code	Transaction ID: 31816355
	Anchorage FEC ID number of contributing	AK 99504-2900	Amount of Each Receipt this Period 85.00
	federal political committee.		35.35
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	
	Full Name (Last, First, Middle Initial) Dr Kathryn Dingley Gurney		Date of Receipt
	Mailing Address 1285 Industry Rd		05 28 2010
	City	State Zip Code	Transaction ID: 31816357
	Industry	ME 04938-4545	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	50.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr Peter H Kehoe		Date of Receipt
	Mailing Address 789 N Broad		05 28 2010
	City	State Zip Code	Transaction ID: 31816360
	Galesburg	IL 61401-2766	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	175.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	875.00	
Г			310.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 100 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may ne name and addr	not be sold or used by any pers less of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Po	litical Action C	ommittee	
۸.	Full Name (Last, First, Middle Initial) Dr Kevin L Gee			Date of Receipt
	Mailing Address P O Box 18075			05 28 2010
	City Sugar Land	State TX	Zip Code 77496-8075	Transaction ID: 31816362 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.91
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 454.55	
- 3.	Full Name (Last, First, Middle Initial) Dr Albert S Licup			Date of Receipt
	Mailing Address 226 S Harvey Ave			05 28 2010
	City	State	Zip Code	Transaction ID: 31816363
	Oak Park FEC ID number of contributing federal political committee.	C	60302-2579	Amount of Each Receipt this Period 41.67
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 208.35	
	Full Name (Last, First, Middle Initial) Dr Ron Benner			Date of Receipt
	Mailing Address 1408 E Maryland			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Laurel	State MT	Zip Code	Transaction ID: 31816364
	FEC ID number of contributing federal political committee.	C	59044-2238	Amount of Each Receipt this Period 166.67
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 833.35	
Γ,	SUBTOTAL of Receipts This Page (optional)	1		299.25

В.

C.

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 82 / 100
•	for each category of the	(check only one)
ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
American Optometric Association Polit	ical Action Committee	
Full Name (Last, First, Middle Initial) Dr Sue E Lowe		Date of Receipt
Mailing Address 1704 Skyline Drive		05 28 2010
City	State Zip Code	Transaction ID: 31816368
<u>Laramie</u>	WY 82070-8932	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		7
Other (specify) ▼	833.35	
Full Name (Last, First, Middle Initial) Dr George W Walters, Jr		Date of Receipt
Mailing Address 713 Tem Street P.O. Box C		05 26 2010
City	State Zip Code	Transaction ID: 31821527
Bolivar	TN 38008-2743	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
rederal political committee.		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		7
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr Edward F Stein		Date of Receipt
Mailing Address 25015 Oakbrooke Drive	9	05 26 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31821540
Southfield	MI 48033	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer Self Employed	Occupation	
	Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	300.00	
Other (specify)	300.00	_
1		

TOTAL This Period (last page this line number only)

 \triangleright

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	BX)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 100 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) American Optometric Association	ng the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Joseph E Droter Mailing Address 4726 Twin Hickor	ry Lake Dr		Date of Receipt
City Glen Allen FEC ID number of contributing	State VA	Zip Code 23059-2588	Transaction ID: 31825935 Amount of Each Receipt this Period
federal political committee. Name of Employer Self Employed Receipt For:		n f Optometry	365.00
Primary General Other (specify)	1 1991 1991	365.00	
Dr Robert D Newcomb Mailing Address 7043 Olentangy F	River Road		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31825941
Columbus FEC ID number of contributing federal political committee.	ОН	43235-2151	Amount of Each Receipt this Period 365.00
Name of Employer The Ohio State University		ric Educator	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Stephen E Gustafson Mailing Address 3810 Pear Glen C	<u>'</u>		Date of Receipt
) l		05 28 2010
City	State	Zip Code	Transaction ID: 31825948
Kingwood FEC ID number of contributing federal political committee.	C	77345-1251	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed		Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)		1230.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 84 / 100 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr Jerry N Ellington, Jr Date of Receipt Mailing Address 932 Meadow Lane 0 5 28 2010 City State Zip Code Transaction ID: 31825949 Henderson NC 27536-3853 Amount of Each Receipt this Period FEC ID number of contributing 365.00 C federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date Primary General 365.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	365.00
TOTAL This Period (last page this line number only)	•	61543.67

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	_	NE NUMBER: PAGE 85 / 100				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22 X 23 24 25 26 28a 28b 28c 29 30				
Any Information copied from such Reports and Statem							
or for commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee				
NAME OF COMMITTEE (In Full)							
American Optometric Association Political	Action Committee						
Full Name (Last, First, Middle Initial)			Transaction ID: 31678781				
Tim Ryan For Congress			Date of Disbursement				
Mailing Address 1600 Roosevelt Avenue Suite 804			$\begin{bmatrix} \begin{smallmatrix} M & 5 & M \\ 0 & 5 & M \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$				
	State Zip Code OH 44446		Amount of Each Disbursement this Period				
Purpose of Disbursement	711 44440		1000.00				
Candidate Contribution		011					
Candidate Name Rep. Timothy J. Ryan		Category/ Type					
Senate X President	ment For: 2010 Primary General Other (specify)		Candidate Contribution				
State: OH District: 17							
Full Name (Last, First, Middle Initial)			Transaction ID: 31687250				
Lee Terry For Congress			Date of Disbursement				
Mailing Address PO Box 540098			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & S \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & S \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & D & I & O \end{smallmatrix} \end{bmatrix} $				
•	State Zip Code NE 68154		Amount of Each Disbursement this Period				
Purpose of Disbursement Candidate Contribution		011	1000.00				
Candidate Name Rep. Lee Terry		Category/ Type					
-	ment For: 2010 Primary General Other (specify)		Candidate Contribution				
Full Name (Last, First, Middle Initial) Lee Terry For Congress			Transaction ID: 31701025 Date of Disbursement				
Mailing Address PO Box 540098			$\begin{bmatrix}\begin{smallmatrix}M\\05\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\06\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}V\\06\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}V\\010\end{smallmatrix}\end{bmatrix}^M$				
	State Zip Code NE 68154		Amount of Each Disbursement this Period				
Purpose of Disbursement Candidate Contribution		011	1500.00				
Candidate Name Rep. Lee Terry		Category/ Type					
Office Sought: X House Disburse	ment For: 2010 Primary General Other (specify)	76-	Candidate Contribution				
SUBTOTAL of Disbursements This Page (optional) .			3500.00				
TOTAL This Period (last page this line number only)							

SCHEDIII E B (FEC Form 3Y)

	CHEDULE B (FEC FOIIII 3X	r ∣ Use sep	parate schedule(s))		INE NUMBER: PAGE 86 / 100 only one)
IT	EMIZED DISBURSEMENTS	for each Detailed	n category of the d Summary Page		21b	
	y Information copied from such Reports and for commercial purposes, other than using t					on for the purpose of soliciting contributions o solicit contributions from such committee
\setminus	NAME OF COMMITTEE (In Full)					
V	American Optometric Association Po	olitical Action C	ommittee			
۸.	Full Name (Last, First, Middle Initial) Rob Andrews U.S. House Committe	9				Transaction ID: 31701026 Date of Disbursement
	Mailing Address 215 Fourth Avenue Suite 200	;				05 06 7 2010
	City Haddon Heights	State NJ	Zip Code 07076			Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution				011	2500.00
	Candidate Name Rep. Robert E. Andrews			Ca	itegory/ Γype	
	Senate President	isbursement For: X Primary Other (sp	2010 General pecify) ▼			Candidate Contribution
	State: NJ District: 01 Full Name (Last, First, Middle Initial)					Transaction ID: 31701027
3.	Steve Austria For Congress					Date of Disbursement
	Mailing Address 20 S Limestone St	Suite 390				05 06 7 2010
	City Springfield	State OH	Zip Code 45502			Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution				011	1000.00
	Candidate Name Rep. Steve Austria				tegory/ Γype	
	Office Sought: X House Senate President State: OH District: 07	isbursement For: Primary Other (sp	2010 X General pecify) ▼			Candidate Contribution
 ;.	Full Name (Last, First, Middle Initial) Schakowsky For Congress					Transaction ID: 31701028 Date of Disbursement
	Mailing Address P.O. Box 5130					0 5 M / 0 6 Y 2 0 1 0 Y
	City Evanston	State IL	Zip Code 60204			Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution				011	4000.00
	Candidate Name Rep. Janice D. Schakowsky			Ca	tegory/ Type	1
	Office Sought: X House Senate President	isbursement For: Primary Other (sp	2010 X General pecify)	I	<u> </u>	Candidate Contribution
Г	State: IL District: 09					
s	UBTOTAL of Disbursements This Page (op	tional)			<u>I</u>	7500.00
Т	OTAL This Period (last page this line numb	er only)	·····		1	·

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose or for commercial purposes, other than using the name and address of any political committee to solicit contribution. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Graves For Congress Mailing Address PO Box 701 City State Zip Code Gainesville GA 30503 Purpose of Disbursement Candidate Contribution Candidate Name Mr. John Graves Office Sought: X House Senate President State: GA District: 09 Full Name (Last, First, Middle Initial) John Carney For Congress Mailing Address PO Box 2162 City State Zip Code Unitial Category' Type Office Sought: X House Senate President State: City Senate President Candidate Contribution Candidate Name Mr. John Carney Office Sought: X House Senate President State: DE Distursement For: 2010 City Wilmington DE 19899 Office Sought: X House Category' Type Amount of Category' Type Office Sought: X House Category' Type Office	PAGE 87 / 100
NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Graves For Congress Mailing Address PO Box 701 City Gainesville Gandidate Contribution Candidate Contribution Candidate Contribution Candidate Name Mr. John Carney Full Name (Last, First, Middle Initial) John Carney For Congress Disbursement For: 2010 X Primary General Other (specify) Full Name (Last, First, Middle Initial) John Carney For Congress Mailing Address PO Box 2162 City Wilmington District: 09 Full Name (Last, First, Middle Initial) John Carney For Congress Mailing Address PO Box 2162 City Wilmington District: 01 Full Name (Last, First, Middle Initial) Furpose of Disbursement Candidate Contribution Candidate Contribution Candidate Contribution Candidate Name Mr. John Carney Office Sought: X House President State: DE District: 01 Full Name (Last, First, Middle Initial) Hoeven For Senate Mailing Address PO Box 15114 City Arington VA 22215 Purpose of Disbursement Candidate Contribution Candidate Name Mr. John Hoeven Amount of Transactio Date of Dis M M 1011 Category/ Type Amount of Transactio Date of Dis M M 1011 Category/ Type Amount of Transactio Date of Dis M M 1011 Category/ Type Amount of Transactio Date of Dis M M 1011 Category/ Type Amount of Transactio Date of Dis M M 1011 Category/ Type Amount of Transactio Date of Dis M M 1011 Category/ Type Amount of Transactio Date of Dis M M 1011 Category/ Type Amount of Transactio Date of Dis M M 1011 Category/ Type Amount of Transactio Date of Dis M M 1011 Category/ Type Transactio Date of Dis M M 1011 Category/ Type Transactio Date of Dis M M 1011 Category/ Type Transactio Date of Dis M M 1011 Category/ Type Candidate Name Mr. John Hoeven	23 24 25 28b 28c 29
NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Graves For Congress Mailing Address PO Box 701 City Gainesville GA 30503 Purpose of Disbursement Candidate Contribution Candidate Name Mr. John Graves Office Sought: X House President President State: GA District: 09 Full Name (Last, First, Middle Initial) John Carney For Congress Mailing Address PO Box 2162 City Wilmington DE 19899 Purpose of Disbursement Candidate Name Mr. John Carney Office Sought: X House President Date of Disbursement Candidate Contribution Candidate Name Name Name Name Name Name Name Nam	
Full Name (Last, First, Middle Initial) Graves For Congress Mailing Address PO Box 701 City Gainesville GA 30503 Purpose of Disbursement Candidate Contribution Candidate Name Mr. John Garves Office Sought: X House Senate President State: GA District: 09 Full Name (Last, First, Middle Initial) John Carney For Congress Mailing Address PO Box 2162 City Wilmington Candidate Name Mr. John Carney Office Sought: X House President State: Zip Code DE 19899 Purpose of Disbursement Candidate Contribution Candidate Name Mr. John Carney Disbursement For: Candidate President Candidate Contribution Candidate Name Mir. John Carney Disbursement For: Candidate President State: Zip Code DE 19899 Candidate Candidate Candidate Name Mr. John Carney Transactio Date of Dis Candidate Transactio Date of Dis District: 01 Full Name (Last, First, Middle Initial) Hoeven For Senate Mailing Address PO Box 15114 City Arlington VA 22215 Purpose of Disbursement Candidate Name Mr. John Hoeven Mr. John Hoeven Mr. John Hoeven	TIS TIGHT SUCH COMMITTEE
Mailing Address PO Box 701 City State Zip Code Gainesville GA 30503 Purpose of Disbursement Candidate Contribution Candidate Name Mr. John Carney Office Sought: X House Senate President State: GA District: 09 Full Name (Last, First, Middle Initial) John Carney For Congress Mailing Address PO Box 2162 City State Zip Code Jessen Senate President State: Candidate Contribution Candidate Name Mr. John Carney Office Sought: X House Senate President State: Zip Code Jessen Senate President State: Candidate Contribution Candidate Contribution Candidate Name Mr. John Carney Office Sought: X House Senate President State: DE District: 01 Full Name (Last, First, Middle Initial) Hoeven For Senate Mailing Address PO Box 15114 City State Zip Code Senate President State: DE District: 01 Full Name (Last, First, Middle Initial) Hoeven For Senate Mailing Address PO Box 15114 City State Zip Code Amount of VA 22215 Purpose of Disbursement Candidate Name Mr. John Hoeven Mr. John Hoeven Office Sought: Category/Type	
City State Zip Code Candidate Contribution Candidate Name Candidate Contribution Candidate Name Candidate Na	n ID: 31701029 bursement
Gainesville Gainesville Gainesville Gainesville Gainesville Gainesville Gainesville Gainesville Gainesville Cardidate Name Mr. John Graves Office Sought: Senate President State: Ga District: 09 Full Name (Last, First, Middle Initial) John Carney For Congress Mailing Address PO Box 2162 City Wilmington Purpose of Disbursement Candidate Name Mr. John Carney Office Sought: X House President Senate President State: DE District: 01 Full Name (Last, First, Middle Initial) John Carney Office Sought: X House President Senate President Other (specify) Other (specify) Type Candidate Candidate Candidate Candidate Candidate Amount of Transactio Date of Dis M 5 M / 0 5 M	06 / 2010
Candidate Contribution Candidate Name Mr. John Graves Office Sought:	Each Disbursement this Perio
Mr. John Graves Office Sought: X House Senate President State: GA District: 09 Full Name (Last, First, Middle Initial) John Carney For Congress Mailing Address PO Box 2162 City State Zip Code Wilminigton DE 19899 Purpose of Disbursement Candidate Name Mr. John Carney Office Sought: X House Senate President State: DE District: 01 Full Name (Last, First, Middle Initial) John Carney Office Sought: X House Senate President State: DE District: 01 Full Name (Last, First, Middle Initial) Hoeven For Senate Mailing Address PO Box 15114 City State Zip Code Other (specify) ▼ Candidate Name Mailing Address PO Box 15114 City State Zip Code Other (specify) ▼ Candidate Name Mailing Address PO Box 15114 City State Zip Code VA 22215 Purpose of Disbursement Candidate Contribution Other (specify) Type Candidate Name Mr. John Hoeven Candidate Name Mr. John Hoeven	1500.00
Senate President State: GA District: 09 Full Name (Last, First, Middle Initial) John Carney For Congress Mailing Address PO Box 2162 City State Zip Code Wilmington DE 19899 Purpose of Disbursement Candidate Contribution Candidate Name Mailing Address PO Box 15114 City Senate President State: DE District: 01 Full Name (Last, First, Middle Initial) Hoeven For Senate Mailing Address PO Box 15114 City State Zip Code DE 19899 Candidate Candidate Candidate Contribution Candidate Contribution Candidate Name Primary Ageneral Other (specify) ▼ Transaction Date of Disbursement For: 2010 Candidate Candida	
Full Name (Last, First, Middle Initial) John Carney For Congress Mailing Address PO Box 2162 City State Zip Code Wilmington DE 19899 Purpose of Disbursement Candidate Contribution Candidate Name Mr. John Carney Office Sought: X House Primary X General Other (specify) ▼ Senate President State: DE District: 01 Full Name (Last, First, Middle Initial) Hoeven For Senate Mailing Address PO Box 15114 City State Zip Code Candidate Amount of Date of District: 01 City State Zip Code Date Other (specify) ▼ Amount of District Date of District D	Contribution
John Carney For Congress Mailing Address PO Box 2162 City State Zip Code Wilmington DE 19899 Purpose of Disbursement Candidate Contribution Candidate Name Mr. John Carney Office Sought: X House Senate Primary X General Primary X General Other (specify) ▼ State: DE District: 01 Full Name (Last, First, Middle Initial) Hoeven For Senate Mailing Address PO Box 15114 City State Zip Code Date of Disbursement Candidate Contribution City State Zip Code Other (specify) ▼ Amount of Transaction Date of Disbursement Candidate Contribution Purpose of Disbursement Candidate Contribution Candidate Name Mr. John Hoeven Tall Category/ Type	
City State Zip Code DE 19899 Purpose of Disbursement Candidate Contribution Candidate Name Mr. John Carney Office Sought: X House Senate Primary X General Other (specify) ▼ State: DE District: 01 Full Name (Last, First, Middle Initial) Hoeven For Senate Mailing Address PO Box 15114 City State Zip Code VA 22215 Purpose of Disbursement Candidate Contribution Candidate Name Mr. John Hoeven Other (specify) ▼ Transaction Date of Disbursement Candidate Contribution Other (specify) ▼ Other (specify) ▼ Transaction Date of Disbursement Candidate Contribution Other (specify) ▼ Other (specify) ▼ Candidate Candid	
Wilmington Purpose of Disbursement Candidate Contribution Candidate Name Mr. John Carney Office Sought: Senate President President State: DE District: 01 Full Name (Last, First, Middle Initial) Hoeven For Senate Mailing Address PO Box 15114 City Arlington Purpose of Disbursement Candidate Contribution Candidate Contribution Candidate Name Mr. John Hoeven Disbursement For: 2010 Primary X General Other (specify) Transaction Date of Dis M 5 M O 5 M Amount of Amount of Category/ Type	D 1 D Y 2 0 1 0 Y
Candidate Contribution Candidate Name Mr. John Carney Office Sought: X House Senate Primary X General Other (specify) ▼ State: DE District: 01 Full Name (Last, First, Middle Initial) Hoeven For Senate Mailing Address PO Box 15114 City State Zip Code Arlington VA 22215 Purpose of Disbursement Candidate Contribution Candidate Name Mr. John Hoeven Onther (specify) ▼ Candidate Category/ Type Category/ Type	Each Disbursement this Perio
Mr. John Carney Office Sought: X House Senate Primary X General Other (specify) ▼ Candidate State: DE District: 01 Full Name (Last, First, Middle Initial) Hoeven For Senate Mailing Address PO Box 15114 City State Zip Code Arlington Purpose of Disbursement Candidate Contribution Candidate Name Mr. John Hoeven Transaction Date of Disbursement Category/ Type Amount of Category/ Type	5000.00
Senate	
Full Name (Last, First, Middle Initial) Hoeven For Senate Mailing Address PO Box 15114 City State Zip Code Arlington VA 22215 Purpose of Disbursement Candidate Contribution Candidate Name Mr. John Hoeven Transactio Date of Dis Date of Dis Date of Disbursement Category/ Type	Contribution
City State Zip Code Arlington VA 22215 Purpose of Disbursement Candidate Contribution O11 Candidate Name Category/ Type	n ID: 31722109 bursement
Arlington VA 22215 Purpose of Disbursement Candidate Contribution 011 Candidate Name Mr. John Hoeven Category/ Type	1 2 Y 2 0 1 0 Y
Candidate Contribution 011 Candidate Name Category/ Mr. John Hoeven Type	Each Disbursement this Perio
Mr. John Hoeven Type	5000.00
Office Country	
Office Sought: House Disbursement For: 2010 Candidate	Contribution
State: ND District:	
SUBTOTAL of Disbursements This Page (optional)	11500.00

		y Use se	eparate schedule(s)			OR LINE heck onl		n.		PAGE 88 / 100					
T	EMIZED DISBURSEMENTS	for eac Detaile	th category of the d Summary Page		Ë,	21b 27	22 28a	X	23 28b	$\boldsymbol{\sqcup}$	24 28c	2:		3	
	y Information copied from such Reports an for commercial purposes, other than using NAME OF COMMITTEE (In Full)														
$ \rangle$	American Optometric Association F	Political Action (Committee												
	Full Name (Last, First, Middle Initial) Bill Foster For Congress Committee Mailing Address PO Box 703	Э							sburs	_	_		ĭ o `	′	
	City Geneva	State IL	Zip Code 60134				Amou	int o	f Each	Disb	ursem	ent th	is Pe	eriod	
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Bill Foster			Ca	01 ateg	gory/		•	•		•	1000	.00		
	<u> </u>	Disbursement For: Primary Other (s			<u>' y</u>	<i>.</i>	Cand	idat	e Cor	ntribu	ıtion				
	Full Name (Last, First, Middle Initial) Kathy Dahlkemper For Congress Mailing Address PO Box 1045								sburs	_			Ý . 10	7	
	City Erie Purpose of Disbursement Candidate Contribution Candidate Name	State PA	Zip Code 16512		01		Amou	int of	f Each	Disb	ursem	ent th	-	eriod	
	Kathleen Dahlkemper	Disbursement For: X Primary Other (s	: 2010 General		Тур	gory/ pe	Cand	idat	e Cor	ntribu	ıtion				
	Full Name (Last, First, Middle Initial) Kathy Dahlkemper For Congress						М		sburs	ement			Ý . 1 0 \	7	
	Mailing Address PO Box 1045 City	State	Zip Code				0 5 Amou	ınt o	f Each	8 Disb	ursem		^		
	Erie Purpose of Disbursement Candidate Contribution	PA	16512		0.1				•			1500	.00		
	Candidate Name Kathleen Dahlkemper			Ca	01 ateg Typ	gory/									
	Office Sought: X House Senate President State: PA District: 03	Disbursement For: Primary Other (s	: 2010 X General pecify)				Cand	idat	e Cor	ntribu	ition				

В.

C.

for each category of the Detailed Summary Page for each category of the	SCHEDULE B (FEC Form 3X)	Use separate schedule(s	, [E NUMBER:	F	PAGE 8	89 / 10	00
Any Information capied 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 of contributions from such contributions from such committee of contributions from such committee of contributions from such contribu	ITEMIZED DISBURSEMENTS	for each category of the		21b	22 X 2			L	_
Anward of Exemptics of the Committee to solicit contributions from such committee Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee Mailing Address PO Box 87 Furpose of Disbursement Candidate Name Rep, James W. Gerlach City State Primary General President State: PO Box 25766 City State Name (Last, First, Middle Initial) Udall For Us All Mailing Address PO Box 25766 City State Name Sen Tom Udall Office Sought: Yesichet Name Sen Tom Udall Office Sought: Yesichet State: Name (Last, First, Middle Initial) Udall For Us All Mailing Address PO Box 25766 City State Zip Code NM 87125 Purpose of Disbursement Candidate Contribution Candidate Contribution Candidate Name Sen Tom Udall Office Sought: Yesichet State: Name (Last, First, Middle Initial) Geoff Davis For Congress Mailing Address 3161 Dixie Highway Suite F City State Zip Code KY 41018 Purpose of Disbursement Candidate Contribution	Any Information copied from such Reports and Statem	ents may not be sold or use	nd by a						30b
American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee Mailing Address PO Box 87 City State Zip Code Unwchland PA 19480 Purpose of Disbursement Candidate Name Rep. James W. Gerlach Office Sought: X House President NM 67125 City State: PA District: 06 City State: PA District: 08 Candidate Contribution Candidate Name Sanate President Sister: KY June Sonate President Sister: KY June Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contributi									
Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee Mailing Address PO Box 87 City State Zip Code Uwchland PA 19480 Purpose of Disbursement Candidate Contribution Candidate Name Rep. James W. Gerlach Office Sought: Y House President State: PA District: 06 City State Zip Code Rep. James W. Gerlach Office Sought: X Primary General Purpose of Disbursement Candidate Contribution Candidate Name Rep. James W. Gerlach Office Sought: X Primary General President X Primary General District: 06 City State Zip Code NM 87125 Purpose of Disbursement Candidate Contribution Candidate Name Sen Torn Udall Office Sought: X Primary General President State: NM District: Full Name (Last, First, Middle Initial) Geoff Davis For Congress Mailing Address 3161 Dixie Highway Suite F City State Xip Code KY 41018 Purpose of Disbursement Candidate Contribution Candidate Contribution Candidate Name Sen Torn Udall Office Sought: X Primary General President State: NM District: Full Name (Last, First, Middle Initial) Geoff Davis For Congress Mailing Address 3161 Dixie Highway Suite F City State Xip Code Erlanger KY 41018 Purpose of Disbursement Candidate Contribution Candidate Name Sen Torn Udall Office Sought: X Primary General Disbursement Tor. Candidate Contribution Candidate Contributio	\								
Mailing Address PO Box 87	/ American Optometric Association Political	Action Committee							
City	,					_	'3640		
City Uwchland PA 19480 Purpose of Disbursement Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution Office Sought: X House Senate President State: PA District: 06 Full Name (Last, First, Middle Initial) Office Sought: X Bouse Purpose of Disbursement For: 2010 Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution Office Sought: X Bouse President State: X Primary General President State: NM District: 06 Full Name (Last, First, Middle Initial) Geoff Davis For Congress Mailing Address 3161 Dixie Highway Suite F City State Zip Code KY 41018 Purpose of Disbursement Candidate Contribution Candidate Contri					M M /	D D /	YYY	Y	Υ
Purpose of Disbursement Candidate Contribution Candidate Contribution Candidate Contribution Office Sought:	Mailing Address PO Box 87				0.5	18	20	10	
Candidate Contribution Candidate Name Rep. James W. Gerlach Office Sought:		•			Amount of I	Each Disburs	sement t	his P	eriod
Candidate Name Rep. James W. Gerlach Office Sought:				011			1000	0.00	
Office Sought:			Ca	ategory/					
President	Office Sought: X House Disburse			1,700	- Candidate	Contribution	on		
State: PA		· —							
Udall For Us All Mailing Address PO Box 25766 City State Zip Code Albuquerque NM 87125 Purpose of Disbursement Candidate Contribution Candidate Name Sen Tom Udall Office Sought: A Senate President State: NM District: Full Name (Last, First, Middle Initial) Geoff Davis For Congress Mailing Address 3161 Dixie Highway Suite F City State Zip Code KY 41018 Purpose of Disbursement For: 2014 City State Zip Code Erlanger KY 41018 Purpose of Disbursement Candidate Contribution		Cane. (opeciny)							
City	,					_	'3642		
City State Zip Code NM 87125 Purpose of Disbursement Candidate Contribution Candidate Name Sen Tom Udall Office Sought:	Udail For Us All						YY	Y	Υ
Albuquerque NM 87125 Purpose of Disbursement Candidate Contribution Candidate Name Sen Tom Udall Office Sought: House State: NM District: Full Name (Last, First, Middle Initial) Geoff Davis For Congress Mailing Address 3161 Dixie Highway Suite F City State Zip Code Erlanger KY 41018 Purpose of Disbursement Candidate Name Rep. Geoffrey Davis Office Sought: N House Senate Disbursement For: 2010 Senate NY Primary General Candidate Contribution Amount of Each Disbursement this Period Candidate Contribution Candidate Name Rep. Geoffrey Davis Other (specify) ▼ Candidate Contribution Candidate Name Rep. Geoffrey Davis Other (specify) ▼ Candidate Contribution Candidate Name Rep. Geoffrey Davis Other (specify) ▼ Candidate Contribution Candidate Name Rep. Geoffrey Davis Other (specify) ▼ Candidate Contribution Candidate Contribution Candidate Name Rep. Geoffrey Davis Other (specify) ▼ Candidate Contribution Candidate Contribution Candidate Contribution	Mailing Address PO Box 25766				0 5		20	10	
Purpose of Disbursement Candidate Contribution Candidate Name Sen Tom Udall Office Sought: House	•				Amount of I	Each Disburs	sement t	his P	eriod
Candidate Contribution Candidate Name Sen Tom Udall Office Sought:		1NIVI 67123					1000	0.00	
Sen Tom Udall Office Sought:	Candidate Contribution		ļL	011					
Office Sought:									
State: NM District: Full Name (Last, First, Middle Initial) Geoff Davis For Congress Mailing Address 3161 Dixie Highway Suite F City State Zip Code Erlanger KY 41018 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Geoffrey Davis Office Sought: X House Senate President State: KY District: 04 Subtrotal of Disbursements This Page (optional)	Office Sought: House Disburse	ment For: 2014	<u> </u>	Турс	0	0 4 11 41			
State: NM District: Full Name (Last, First, Middle Initial) Geoff Davis For Congress Mailing Address 3161 Dixie Highway Suite F City State Zip Code Erlanger KY 41018 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Geoffrey Davis Office Sought: X House Senate President State: KY District: 04 SUBTOTAL of Disbursements This Page (optional)	X Senate X				Candidate	Contribution	on		
Full Name (Last, First, Middle Initial) Geoff Davis For Congress Mailing Address 3161 Dixie Highway Suite F City State Zip Code Erlanger KY 41018 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Geoffrey Davis Office Sought: X House Senate President State: KY District: 04 Substortal of Disbursements This Page (optional)		Other (specify)							
Geoff Davis For Congress Date of Disbursement Mailing Address 3161 Dixie Highway Suite F State Zip Code City Erlanger KY 41018 Purpose of Disbursement Candidate Contribution 011 Candidate Name Rep. Geoffrey Davis Category/ Type Office Sought: X House Disbursement For: 2010 					Transactio	n ID: 3177	74905		
Suite F City State Zip Code KY 41018 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Geoffrey Davis Office Sought: X House Senate President State: KY District: 04 SUBTOTAL of Disbursements This Page (optional) State: X Primary General Other (specify) Subtraction State Zip Code KY 41018 Amount of Each Disbursement this Period 1000.00 Category/ Type Candidate Contribution Candidate Contribution	Geoff Davis For Congress						1000		
City State Zip Code KY 41018 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Geoffrey Davis Office Sought: X House President President State: KY District: 04 SUBTOTAL of Disbursements This Page (optional) Amount of Each Disbursement this Period 1000.00 Candidate Contribution Category/ Type Category/ Type Candidate Contribution Candidate Contribution					05 4	18	Ý Ž0	ť 0	Y
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Geoffrey Davis Office Sought: X House Senate President President State: KY District: 04 Substitute 1000.00 1000.00 Category/ Type Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution	City				Amount of I	Each Disburs	sement t	his P	eriod
Candidate Name Rep. Geoffrey Davis Office Sought: X House Senate President State: KY District: 04 Substitute 1	Purpose of Disbursement	41010					1000	0.00	
Rep. Geoffrey Davis Office Sought: X House Senate President State: KY District: 04 Substitute 1									
Senate									
State: KY District: 04 SUBTOTAL of Disbursements This Page (optional)					Candidate	Contribution	on		
State: KY District: 04 SUBTOTAL of Disbursements This Page (optional) 3000.00									
CODITIONAL OF BIODUTOSHICK THIS T age (Aptionial)	State: KY District: 04	· · · · · · · · · · · · · · · · · · ·							
	SUBTOTAL of Disbursements This Page (optional) .			▶			3000	.00	
						• • •			

		Use separate schedule(s)							00			
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	lÈ	21b 27	22 28a		23 28b		24 28c		25 29	26 30
	y Information copied from such Reports and State for commercial purposes, other than using the nar											,
Λ	NAME OF COMMITTEE (In Full)											
V	American Optometric Association Politica	I Action Committee										
	Full Name (Last, First, Middle Initial) Searchlight Leadership Fund				Trans			-		139		
	Mailing Address 426 C Street, NE					M /		D	Y	ž (0 1 0	Y
	Rear Bldg City	State Zip Code			Amou	nt of	Each	Diab	uroon	nont	thia D	oriod
	Washington	DC 20002			Amou	TIL OI	Eacii	טואט	ursen	-		eriou
	Purpose of Disbursement Committee Contribution		01	1						500	0.00	
	Candidate Name Searchlight Leadership Fund	(Cateo Typ									
	Senate President	ement For: Primary General Other (specify) ▼			Comn	nitte	e Co	ntrib	utior	1		
_	State: District: Full Name (Last, First, Middle Initial)				Trans	ootie	n ID.	21	7051	140		
	NEVADA STATE DEMOCRATIC PARTY				Date of			_			V	V
	Mailing Address 409 Horn Street				0 5	,	1	9	Ľ	2 (0 1 O	
	City Las Vegas	State Zip Code NV 89107			Amou	nt of	Each	Disb	ursen			eriod
	Purpose of Disbursement Committee Contribution		01	1		_	•		-	500	0.00	
	Candidate Name		Cateo Typ									
	Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)			Comn	nitte	e Co	ntrib	utior	1		
	Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South Dal	ota			Trans Date o			•		141		
	Mailing Address PO Box 2009				0 ^M 5	M /	1	9	Y	ž	οťο	Y
	City Sioux Falls	State Zip Code SD 57101			Amou	nt of	Each	Disb	ursen	nent	this P	eriod
	Purpose of Disbursement Candidate Contribution		01	1	L.					150	0.00	
	Candidate Name Rep. Stephanie Herseth Sandlin	(Cateo Typ									
		ement For: 2010 Primary General Other (specify)	1		Candi	date	e Cor	ntribu	ition			
	State: SD District: 01											
											0.00	

		Use separate schedule(s)	(check only	
 -	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Politica	Il Action Committee		
•	Full Name (Last, First, Middle Initial) Blumenthal For Senate Mailing Address 777 Summer Street			Transaction ID: 31788260 Date of Disbursement
	City	State Zip Code		Amount of Each Disbursement this Period
	Stamford	CT 06901		
	Purpose of Disbursement Candidate Contribution Candidate Name		011 Category/	2500.00
		sement For: 2010 Primary General Other (specify)	Туре	Candidate Contribution
	Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy			Transaction ID: 31788266 Date of Disbursement M M D D V Y Y Y Y Y Y Y Y Y
	Mailing Address P.O. Box 127			05 20 2010
	City Cheshire	State Zip Code CT 06410		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Christopher Scott Murphy		011 Category/	1300.00
		sement For: 2010 (Primary General Other (specify)	71	Candidate Contribution
	Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy			Transaction ID: 31788267 Date of Disbursement
	Mailing Address P.O. Box 127			$\begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ \mathsf$
	City Cheshire	State Zip Code CT 06410		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution		011	1000.00
	Candidate Name Rep. Christopher Scott Murphy		Category/ Type	
	Office Sought: X House Senate President State: CT District: 05	ement For: 2010 Primary X General Other (specify)		Candidate Contribution
_	Side of			

ITELUSED BIABLIBATION	Use separate schedule(s) (check or	E NUMBER: PAGE 92 / 100
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28 28 29
Any Information copied from such Reports and State or for commercial purposes, other than using the r			
NAME OF COMMITTEE (In Full)			
American Optometric Association Politi	cal Action Committee		
Full Name (Last, First, Middle Initial) Friends Of Phil Hare			Transaction ID: 31795557 Date of Disbursement
Mailing Address 224 18th Street P.O. Box 4183			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & D & D & D \end{smallmatrix} \end{bmatrix}$
City Rock Island	State Zip Code IL 61204		Amount of Each Disbursement this Perio
Purpose of Disbursement Candidate Contribution		011	5000.00
Candidate Name Mr. Philip Hare		011 Category/ Type	
Senate President	orsement For: 2010 Primary X General Other (specify) ▼		Candidate Contribution
State: IL District: 17			
Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn			Transaction ID: 31795584 Date of Disbursement
Mailing Address PO Box 12567			$\begin{bmatrix} 0.5 & \text{M} & \text{M} & \text{D} & \text{D} & \text{D} & \text{M} & \text{Y} &$
City Columbia	State Zip Code SC 29211		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution		011	2500.00
Candidate Name Rep. James E. Clyburn		Category/ Type	
Office Sought: X House Senate President State: SC District: 06	ursement For: 2010 X Primary General Other (specify) ▼	•	Candidate Contribution
Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn			Transaction ID: 31795649 Date of Disbursement
Mailing Address PO Box 12567			$\begin{bmatrix} \begin{smallmatrix} M \\ D \\ D \end{smallmatrix} \end{bmatrix}^M \begin{bmatrix} \begin{smallmatrix} D \\ D \\ D \end{smallmatrix} \end{bmatrix}^D \begin{bmatrix} \begin{smallmatrix} D \\ D \\ D \end{smallmatrix} \end{bmatrix}^D \begin{bmatrix} \begin{smallmatrix} Y \\ D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \\ D \end{smallmatrix} \end{bmatrix}^Y $
City Columbia	State Zip Code SC 29211		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution		011	2500.00
Candidate Name Rep. James E. Clyburn		Category/ Type	
Office Sought: X House Senate President State: SC District: 06	rrsement For: 2010 Primary X General Other (specify) ▼		Candidate Contribution
2			10000.00

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE			PA	GE S	93 / 1	00
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	- · -	23 28b	24 28c	\square	25 29	26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar								
NAME OF COMMITTEE (In Full)	io and address of any pointed out			0110 110	000110			
American Optometric Association Politica	I Action Committee							
Full Name (Last, First, Middle Initial) Dan Seals For Congress			Transaction Date of Dis	-		682		
Mailing Address P.O. Box 584			0 5 M	^D 2	5 / Y	ž) 1 O	Y
City Wilmette	State Zip Code IL 60091		Amount of	Each I	Disburse	ment t	this P	eriod
Purpose of Disbursement Candidate Contribution	Ī	011				250	0.00	
Candidate Name Mr. Daniel Seals		Category/ Type						
Office Sought: X House Senate President State: IL District: 10	ement For: 2010 Primary X General Other (specify)), ·	Candidate	e Cont	tributior	1		
Full Name (Last, First, Middle Initial)			Transaction			693		
Friends Of John Boehner			Date of Di			Y	Y	Υ
Mailing Address 7908 Cincinnati Dayton Suite I	Road		05	2	5	2 () 1 0	
City West Chester	State Zip Code OH 45069		Amount of	Each I	Disburse	-		eriod
Purpose of Disbursement Candidate Contribution		011				500	0.00	
Candidate Name Rep. John A. Boehner	C	Category/ Type						
Office Sought: X House Senate President State: OH District: 08	ement For: 2010 Primary X General Other (specify) ▼		Candidate	e Cont	tributior	1		
Full Name (Last, First, Middle Initial)			Transaction	an ID.	21705	700		
Grassley Committee Inc			Date of Di	sburse	ment			
Mailing Address PO Box 1000			05	^D 2	5 / _	ž) 1 0	Y
City Des Moines	State Zip Code IA 50304		Amount of	Each I	Disburse	ment t	this P	eriod
Purpose of Disbursement Candidate Contribution		011				200	0.00	
Candidate Name Sen. Charles E. Grassley		Category/ Type						
X Senate President	ement For: 2010 Primary X General Other (specify)		Candidate	e Cont	tributior	1		
State: IA District:								
SUBTOTAL of Disbursements This Page (optional)		>			-	9500	0.00	

TOTAL This Period (last page this line number only)

50	CHEDULE B (FEC Form 3	Use s	eparate schedule(s	-	R LINE NU			PAGE 9	94 / 10)0
IT	EMIZED DISBURSEMENT	S for ea	ch category of the ed Summary Page		eck only or 21b 27	22 X	23 24 28b 28		25 29	\exists
	y Information copied from such Reports a for commercial purposes, other than using									
\	NAME OF COMMITTEE (In Full)	y the name and ad	uress or arry politica	ai Committee	e to solicii	CONTINUUM	JIIS HOIH SUC	II COIIIIII	ilee	
\rangle	American Optometric Association	Political Action	Committee							
	Full Name (Last, First, Middle Initial) Lobiondo For Congress					Date of Dis	on ID: 317 sbursement	95735		
	Mailing Address P.O. Box 550					05	25	y žo	10°	1
	City Vineland	State NJ	Zip Code 08362			Amount of	Each Disbu			rio
	Purpose of Disbursement Candidate Contribution			011				1000	J.00	_
	Candidate Name Rep. Frank A. LoBiondo			Categor Type	-					
	Office Sought: X House Senate President	Disbursement Fo X Primary Other (•	(Candidate	e Contribut	on		
	State: NJ District: 02									_
	Full Name (Last, First, Middle Initial) Lobiondo For Congress					Date of Dis	on ID: 317 sbursement		V * V	V
	Mailing Address P.O. Box 550					05	25	20	10	
	City Vineland	State NJ	Zip Code 08362			Amount of	Each Disbu			eric
	Purpose of Disbursement Candidate Contribution			011				1500	0.00	_
	Candidate Name Rep. Frank A. LoBiondo			Categor Type	ry/					
	Office Sought: X House Senate President State: NJ District: 02	Disbursement For Primary Other (•	(Candidate	e Contribut	on		
	Full Name (Last, First, Middle Initial) Friends Of Cliff Stearns						on ID: 317	95783		
	Mailing Address PO Box 308					05 4	25	Ý Ž 0	ío°	Ý
	City Silver Springs	State FL	Zip Code 34489			Amount of	Each Disbu		-	eric
	Purpose of Disbursement Candidate Contribution			011				1000	0.00	_
	Candidate Name Rep. Clifford B. Stearns			Categor Type						
	Office Sought: X House Senate President State: FL District: 06	Disbursement Fo X Primary Other (Candidate	e Contribut	on		
	otato. I L District. 00									_
	UBTOTAL of Disbursements This Page	(optional)			•	l		3500	0.00	

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate sched	dule(s) FOR LINE NUMBER: PAGE 95 / 100						00			
ITEMIZED DISBURSEMENTS	for each category of Detailed Summary P	the	(check only 21b 27	- ´ -	X 23 28b	24 28c		25 29	26 30b		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name									•		
NAME OF COMMITTEE (In Full)	and address of any pe	Jillioui Goi		011 00111110		711 00011 0					
American Optometric Association Political	Action Committee										
Full Name (Last, First, Middle Initial) Patrick Murphy For Congress				Transaction ID: 31795814 Date of Disbursement							
Mailing Address P.O. Box 868				0 ^M 5 M	[/] 2	5 /	ź) 1 0	Y		
City Levittown	State Zip Code PA 19058			Amount	of Each	Disburse			eriod		
Purpose of Disbursement Candidate Contribution			011				2000	0.00			
Candidate Name Rep. Patrick J. Murphy			Category/ Type								
Office Sought: X House Disburse Senate President State: PA District: 08	ment For: 2010 Primary X Gen Other (specify)			Candid	ate Con	tributior	า				
Full Name (Last, First, Middle Initial) Giffords For Congress				Date of	ction ID: Disburse	ement					
Mailing Address PO Box 12886				0 ^M 5 M	[/] 2	5 /	žo) 1 O	Y		
•	State Zip Code AZ 85732			Amount	of Each	Disburse			eriod		
Purpose of Disbursement Candidate Contribution			011				2500	0.00			
Candidate Name Rep. Gabrielle Giffords			Category/ Type								
	ment For: 2010 Primary Gen Other (specify) ▼			Candid	ate Con	tributior	า				
Full Name (Last, First, Middle Initial) Boren For Congress					ction ID: Disburse		852				
Mailing Address PO Box 148				0 ^M 5 M	[/] 2	5 /	ž) 1 0	Y		
	State Zip Code OK 74859			Amount	of Each	Disburse			eriod		
Purpose of Disbursement Candidate Contribution			011				2500	0.00			
Candidate Name Rep. Daniel Boren			Category/ Type								
	ment For: 2010 Primary Gen Other (specify)			Candid	ate Con	tributior	1				
SUBTOTAL of Disbursements This Page (optional) .			<u> </u>				7000	0.00			
TOTAL This Period (last page this line number only)			•								

5	CHEDULE	3 (FEC Form	3X)	Use sepa	arate schedule(s)		-	NUMBER:		PAGE	96 / 10)0
IT	EMIZED DI	SBURSEMEN	ITS	for each	category of the Summary Page		check onl 21b 27	y one) 22 x 28a		24 28c	25 29	\exists
		ed from such Reports										
\	NAME OF COM	·	ing the name a	and addre	ss or arry political	COITIII	iillee lo sc	JIICIL COLILIDA	uons nom su	ICH COMM	iillee	
\rangle		ometric Associatio	n Political A	ction Co	ommittee							
	Full Name (Last, Tim Walz For	First, Middle Initial) US Congress						Date of D	ion ID: 31 Disbursemen			
	Mailing Address	PO Box 938						0 5	² 5	Ž Ž	0 Ĭ 0	Y
	City Mankato			ate 1N	Zip Code 56002			Amount	of Each Disb		this Pe	erio
	Purpose of Disbu Candidate Contri					0	11			200	0.00	-
	Candidate Name Rep. Timothy					Cate	egory/ ype					
	Office Sought:	X House Senate President		ent For: Primary Other (spe	2010 General			Candida	te Contribu	ıtion		
	State: MN	District: 01 First, Middle Initial)								705070		_
	Bright For Cor	,						Date of D	ion ID: 31 Disbursemen	t	Υ .	Υ
	Mailing Address	P.O.Box 2106						0 5	² 5	2	0 Ĭ 0	
	City Montgomery		St A	ate L	Zip Code 36102			Amount	of Each Disb			erio
	Purpose of Disbu Candidate Contri					Q	11			250	00.00	_
	Candidate Name Rep. Bobby No						egory/ ype					
	Office Sought:	X House Senate President		ent For: Primary Other (spe	2010 General			Candida	te Contribu	ıtion		
	State: AL	District: 02										
	, ,	First, Middle Initial) is Rodgers For Co	ongress					Date of D	ion ID: 31 Disbursemen	t	· v · ·	V
	Mailing Address	Box 137						0 5	^D 25	2	010	
	City Spokane			ate /A	Zip Code 99210			Amount	of Each Disb			erio
	Purpose of Disbu Candidate Contri	bution				0	11	L		50	00.00	_
	Candidate Name Rep. Cathy Mo	Morris Rodgers					egory/ ype					
	Office Sought:	X House Senate President District: 05		ent For: Primary Other (spe	2010 General			Candida	te Contribu	ıtion		
		DISHIGL US	1					1				
_	State: WA	2.66										_

	CHEDOLL B (I LO I OIIII 3X	Use separate schedule(s)	(check on		: NUMBER: v one)				PAGE 97/100		
	EMIZED DISBURSEMENTS	Detailed Summary Page		$\dot{\Box}$	21b 27	22 28a	2	23 28b	24 280		25 29	
	y Information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Fall)											
\rangle	NAME OF COMMITTEE (In Full) American Optometric Association Po	olitical Action Committee										
-	Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers For Congre Mailing Address Box 137	ess				Date o		n ID: ourser			0 1 0	Y
	City Spokane	State Zip Code WA 99210				Amou	nt of E	Each D	Disburs	emen	t this F	Period
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Cathy McMorris Rodgers		Ca	01 ateg	ory/		0		•	5	00.00	
		isbursement For: 2010 Primary X General Other (specify)	<u> </u>	Тур	е	Candi	date	Cont	ributio	on		
	Full Name (Last, First, Middle Initial) Feingold Senate Committee Mailing Address PO Box 620062					Trans Date o			nent		0 1 0	Y
	City Middleton Purpose of Disbursement Candidate Contribution Candidate Name Sen. Russell D. Feingold	State Zip Code WI 53562	Ca	01 ateg	ory/	Amou	nt of E	Each [Disburs		t this F	-
		isbursement For: 2010 X Primary General Other (specify)	<u> </u>	Тур	e	Candi	date	Cont	ributio	on		
	Full Name (Last, First, Middle Initial) Carnahan In Congress					Date o		ourser				V
	Mailing Address 7370 Manchester F	Rd Ste 20				0 5		^D 2 !	5 ′	2	0 1 0)
	City St. Louis	State Zip Code MO 63143				Amou	nt of E	Each D	Disburs		t this F	-
	Purpose of Disbursement Candidate Contribution Candidate Name			011 Category/			•		•	10	00.00	
	Rep. Russ Carnahan Office Sought: X House Senate President State: MO District: 03	isbursement For: 2010 X Primary General Other (specify)	<u> </u>	Тур	e	Candi	date	Cont	ributic	on		
_												

S	CHEDULE B (FEC Form 3X)	Use separate sched	1110/c)	NUMBER: PAGE 98 / 100			
IT	EMIZED DISBURSEMENTS	for each category of Detailed Summary F	the (Crieck on	ly one) 22 X 23 24 25 26 28a 28b 28c 29 30b			
	y Information copied from such Reports and Sta for commercial purposes, other than using the n	•	, , ,	, ,			
\	NAME OF COMMITTEE (In Full)						
	American Optometric Association Politic	cal Action Committee					
	Full Name (Last, First, Middle Initial)			Transaction ID: 31799305			
	Jeff Fortenberry For United States Cong	ress		Date of Disbursement			
	Mailing Address 1610 N Street			05 7 25 7 2010			
	City Lincoln	State Zip Code NE 68508		Amount of Each Disbursement this Period			
	Purpose of Disbursement Candidate Contribution		011	1000.00			
	Candidate Name Rep. Jeffrey Fortenberry		Category/ Type				
	Office Sought: X House Disbu Senate President	rsement For: 2010 Primary X Ger Other (specify)		Candidate Contribution			
	State: NE District: 01						

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	<u> </u>	85000.00

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 99 / 100
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	s and address or any pointed.		
American Optometric Association Political	Action Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: 31826352
Bank of America			Date of Disbursement
Mailing Address PO Box 790251			05 0 0 3 7 2 0 1 0 4
,	State Zip Code		Amount of Each Disbursement this Period
	MO 63179		1865.37
Purpose of Disbursement Bank Fee		001	1003.37
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		Bank Fee
State: District:			
Full Name (Last, First, Middle Initial) Bank of America			Transaction ID: 31826354 Date of Disbursement
Mailing Address PO Box 790251			05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
,	State Zip Code		Amount of Each Disbursement this Period
St. Louis	MO 63179		24.16
Purpose of Disbursement Discover Fee		001	
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		Discover Fee
State: District:			
Full Name (Last, First, Middle Initial) Bank of America			Transaction ID: 31826355 Date of Disbursement
Mailing Address PO Box 790251			05 05 7 2010
	State Zip Code MO 63179		Amount of Each Disbursement this Period
Purpose of Disbursement American Express Fee		001	310.25
Candidate Name		Category/	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	Туре	American Express Fee
State: District:	•		
SUBTOTAL of Disbursements This Page (optional)			2199.78

TOTAL This Period (last page this line number only)

В.

SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 100 / 100 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Transaction ID: 31826356 Bank of America Date of Disbursement 0 5 2010 Mailing Address PO Box 790251 City State Zip Code Amount of Each Disbursement this Period St. Louis MO 63179 84.87 Purpose of Disbursement Bank Fee 001 Candidate Name Category/ Type Office Sought: Disbursement For: House Bank Fee General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: 31826471 Wachovia Federal Date of Disbursement 0 5 28 2010 Mailing Address 1650 Tyson Blvd. City State Zip Code Amount of Each Disbursement this Period VA 22102 McLean 811.71 Purpose of Disbursement Bank Fee 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Bank Fee

General

SUBTOTAL of Disbursements This Page (optional)	•	896.58
TOTAL This Period (last page this line number only)	•	3096.36

Primary

Other (specify)

State: