03/16/2010 15:42

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Optometric Association Political Action Committee 1505 Prince Street ADDRESS (number and street) Suite 300 Check if different than previously Alexandria ٧A 22314 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00024968 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 02 0 1 2010 02 28 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Thomas E. Nye, O.D. Type or Print Name of Treasurer Electronically Filed by Thomas E. Nye, O.D. 03 16 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 48

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Optometric Association Political Action Committee D D [®] D 02 0 1 2010 0.2 28 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 375392.54 Begining of Reporting Period 79748.83 124243.84 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 455141.37 519313.03 6(a) and 6(c) for Column B) 5007.87 69179.53 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 450133.50 450133.50 (subtract Line 7 from Line 6(d)) 9. 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)

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

For further information contact:

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

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

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 48

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

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2 0 1 0

то.

м м 0 2 D D 28

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)	49794.50	69809.50
(ii) Unitemized	25924.69	50375.36
(iii) TOTAL (add Lines 11(a)(i) and (ii)	75719.19	120184.86
(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)	75719.19	120184.86
Transfers From Affiliated/Other Party Committees	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)	0.00	0.00
6. Refunds of Contributions Made to Federal candidates and Other Political Committees	4000.00	4000.00
7. Other Federal Receipts (Dividends, Interest, etc.)	29.64	58.98
. 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
D. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	79748.83	124243.84
. Total Federal Receipts (subtract Line 18(c) from Line 19)	79748.83	124243.84

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 48

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		
Expenditures	1507.87	3179.53
(c) Total Operating Expenditures	1507.07	0.170.50
(add 21(a)(i), (a)(ii) and (b))	1507.87	3179.53
. Transfers to Affiliated/Other Party	0.00	0.00
Committees Contributions to	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	3500.00	66000.00
and Other Political Committees	3300.00	00000.00
(use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
(use concadio 1)		
Loan Repayments Made	0.00	0.00
'. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))		
Other Disbursements	0.00	0.00
D. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(/ - 223.5. 2.13.5 1.11.11.11.11.11.11.11.11.11.11.11.11.1		
(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	2.22	0.00
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))	5007.87	69179.53
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	5007.87	69179.53
, , , , , , , , , , , , , , , , , , ,		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 48

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3.	Total Contributions (other than loans) from Line 11(d), page 3)	75719.19	120184.86
4.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	75719.19	120184.86
86.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1507.87	3179.53
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1507.87	3179.53

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 48 (check only one) X 11a
,	Any information copied from such Reports and to for commercial purposes, other than using the	Statements ma e name and ad	ly 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 Po	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Kenneth S Lawenda			Date of Receipt
	Mailing Address 9033 Wilshire Blvd St	e 402		02 01 7 2010
	City	State	Zip Code	Transaction ID: 31269817
	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:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
_ В.	Full Name (Last, First, Middle Initial) Dr Dawn R Pewitt	1		Date of Receipt
	Mailing Address 4010 Porte La Paz 65	j		02 01 2010
	City	State	Zip Code	Transaction ID: 31271449
	San Diego	CA	92122-1997	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	on of Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
с.	Full Name (Last, First, Middle Initial) Dr Douglas Curtis Clark			Date of Receipt
	Mailing Address 2530 Woodfern Cir			02 02 2010
	City	State	Zip Code	Transaction ID: 31271489
	Birmingham 550 ID and have found that the	AL	35244-6405	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	on of Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		1000.00	
	SUBTOTAL of Receipts This Page (optional) .			1750.00
	TOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE ITEMIZED R	A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial p	pied from such Reports and Sta burposes, other than using the n MMITTEE (In Full) otometric Association Politic	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr Kevin Katz Mailing Address City Dickinson FEC ID numbe federal political Name of Employed Receipt For:	r of contributing committee.	-	Zip Code 77539-3320 Toptometry Year-to-Date ▼	Date of Receipt 0 2 0 3 2 0 1 0 Transaction ID: 31271497 Amount of Each Receipt this Period 163.64
Full Name (Las Dr Jerry D Jenks Mailing Addres:	t, First, Middle Initial)	1008	327.28	Date of Receipt 0 2 0 3 2 0 1 0
Platte City PEC ID number federal political Name of Employed		State MO C Occupation Doctor of	Zip Code 64079-1008	Transaction ID: 31271523 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (sp	General ecify) ♥		Year-to-Date ▼ 250.00	
Dr Fred E Goldb Mailing Address City McLean FEC ID numbe	s 6924 Butternut Ct	State VA	Zip Code 22101-1506	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 Emplo Self Employed Receipt For:		Occupation Doctor of	Optometry Year-to-Date	
Primary Other (sp	General eccify) ▼	, iggi ogale	500.00	
SUBTOTAL of R	eceipts This Page (optional))	913.64

IT	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one) X 11a 11b 1 13 14	PAGE 8 / 48 11c
A	ny information copied from such Reports and for commercial purposes, other than using t	Statements may n he name and addre	not be sold or used by any persess of any political committee to	on for the purpose of soli	citing contributions n such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association P	olitical Action Co	ommittee		
	Full Name (Last, First, Middle Initial) Dr Michelle Cooper			Date of Receipt	
	Mailing Address 35 Bellows Falls Dr			02	
	City	State	Zip Code	Transaction ID: 3	31272061
	Greer	SC	29650-4769	Amount of Each F	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 ▼		
	Full Name (Last, First, Middle Initial) Dr Paul C Ajamian			Date of Receipt	
	Mailing Address 245 Shadowbrook D	rive		02	
	City	State	Zip Code	Transaction ID: 3	31272062
	Roswell	GA	30075-4600	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer Self Employed	Occupation Doctor of C	Optometry		
	Receipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 250.00		
	Full Name (Last, First, Middle Initial) Dr Sally B Bodenhamer			Date of Receipt	
	Mailing Address 7010 Spring Park Dr	ive		02 0	
	City	State	Zip Code	Transaction ID: 3	
	Jefferson City	MO	65109-3345	Amount of Each F	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:	Aggregate Y	ear-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
Г	SUBTOTAL of Receipts This Page (optional)				1250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any personders 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 Samuel D Pierce			Date of Receipt
	Mailing Address 2679 Vesclub Circle			02 05 2010
	City	State AL	Zip Code	Transaction ID: 31276841
	Vestavia Hills FEC ID number of contributing federal political committee.	C	35216-1356	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Dr John W Heltsley	1		Date of Receipt
	Mailing Address 405 Warwick Way			02 05 2010
	City	State	Zip Code	Transaction ID: 31277869
	Hopkinsville	KY	42240-1408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
—).	Full Name (Last, First, Middle Initial) Dr Robert L Jarrell, III			Date of Receipt
	Mailing Address 50 Cedar Hill Rd			02 06 2010
	City Albuquerque	State NM	Zip Code 87122-1928	Transaction ID: 31277962 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 ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
-	FOTAL This Period (last page this line number	only)	·	

or for commercial put NAME OF COM American Opt Full Name (Last, Dr Lori Ann Young Mailing Address City Camas FEC ID number of federal political c Name of Employed Receipt For: Primary Other (spee Full Name (Last, Dr Steven Arthur I Mailing Address City Littleton FEC ID number of federal political c Name of Employed Receipt For: Primary City City City City City City City Cit	or contributing ommittee. General Cify) ▼ First, Middle Initial) General Cify) ▼ First, Middle Initial) General Cify) ▼ First, Middle Initial) Coomis General Cify) ▼ First, Middle Initial) Coomis General Cify) ▼	ame and address of any political committee	Date of Receipt Amount of Each Receipt this Period Date of Receipt Date
Full Name (Last, Dr Lori Ann Young Mailing Address City Camas FEC ID number of federal political composed Femployed Receipt For: Primary Other (specification) Full Name (Last, Dr Steven Arthur I Mailing Address City Littleton FEC ID number of federal political composed Femployed Receipt For: Primary Other (specification) Receipt For: Primary Other (specification) Receipt For: Primary Other (specification) FEC ID number of federal political composed Femployed Receipt For: Primary Other (specification) Full Name (Last, Dr Rebecca H Waster) Full Name (Last, Dr Rebecca H Waster)	First, Middle Initial) General General General General Goomis 6436 Spotted Fawn Run of contributing ommittee.	State Zip Code WA 98607-8302 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ State Zip Code CO 80125-9055 C	Date of Receipt M M M D D D D D D D D D D D D D D D D
Dr Lori Ann Young Mailing Address City Camas FEC ID number of federal political conditions of Employed Receipt For: Primary Other (specified Employed) Full Name (Last, Dr Steven Arthur Last, Dr Steven Arthur Last, Dr Steven Employed FEC ID number of federal political conditions of Employed Receipt For: Primary Other (specified Employed) Receipt For: Primary Other (specified Employed) Full Name (Last, Dr Rebecca H Waster) Full Name (Last, Dr Rebecca H Waster)	d535 Nw Aspen St of contributing ommittee. General cify) First, Middle Initial) coomis 6436 Spotted Fawn Run of contributing ommittee.	WA 98607-8302 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 333.34 State Zip Code CO 80125-9055 C	Date of Receipt M M M D D D D D D D D D D D D D D D D
City Camas FEC ID number of federal political control of Employed Receipt For: Primary Other (specified Section 1) Primary Mailing Address City Littleton FEC ID number of federal political control of Employed Receipt For: Primary Other (specified Employed) Receipt For: Primary Other (specified Section 1) Primary	of contributing committee. General cify) First, Middle Initial) coomis 6436 Spotted Fawn Run of contributing committee.	WA 98607-8302 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 333.34 State Zip Code CO 80125-9055 C	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Camas FEC ID number of federal political control of Employed self Emplo	General cify) First, Middle Initial) coomis 6436 Spotted Fawn Run of contributing ommittee.	WA 98607-8302 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 333.34 State Zip Code CO 80125-9055 C	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Employed Receipt For: Primary Other (specified Specified Speci	General cify) First, Middle Initial) coomis 6436 Spotted Fawn Run of contributing ommittee.	Occupation Doctor of Optometry Aggregate Year-to-Date 333.34 State Zip Code CO 80125-9055	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 Other (specific periods) Full Name (Last, Dr Steven Arthur I Mailing Address City Littleton FEC ID number of federal political completed political completed periods from Primary Other (specific periods) Full Name (Last, Dr Rebecca H Wasser)	General cify) ▼ First, Middle Initial) coomis 6436 Spotted Fawn Run of contributing ommittee.	Doctor of Optometry Aggregate Year-to-Date ▼ 333.34 State Zip Code CO 80125-9055 C	Transaction ID: 31283427 Amount of Each Receipt this Period
Full Name (Last, Dr Steven Arthur I Mailing Address City Littleton FEC ID number of federal political of Employed Receipt For: Primary Other (spe	First, Middle Initial) coomis 6436 Spotted Fawn Run of contributing ommittee.	Aggregate Year-to-Date ▼ 333.34 State Zip Code CO 80125-9055 C	Transaction ID: 31283427 Amount of Each Receipt this Period
Dr Steven Arthur I Mailing Address City Littleton FEC ID number of federal political c Name of Employed Receipt For: Primary Other (special Name (Last, Dr Rebecca H Wa	6436 Spotted Fawn Run of contributing ommittee.	CO 80125-9055	Transaction ID: 31283427 Amount of Each Receipt this Period
City Littleton FEC ID number of federal political company of Employed Receipt For: Primary Other (specific Name (Last, Dr Rebecca H Warns)	of contributing ommittee.	CO 80125-9055	Transaction ID: 31283427 Amount of Each Receipt this Period
Littleton FEC ID number of federal political commends of Employed Self Employed Receipt For: Primary Other (specific Name (Last, Dr Rebecca H Warns)	ommittee.	CO 80125-9055	Amount of Each Receipt this Period
FEC ID number of federal political content of Employed Self Employed Receipt For: Primary Other (specific Name (Last, Dr Rebecca H Ware)	ommittee.	C	
Receipt For: Primary Other (spec	ommittee.		200.00
Receipt For: Primary Other (spe	er I	Occupation	
Primary Other (spe		Doctor of Optometry	
Dr Rebecca H Wa	General	Aggregate Year-to-Date ▼ 400.00	
Mailing Address	First, Middle Initial)		Date of Receipt
	46 Lambeth Walk		02 07 2010
City		State Zip Code	Transaction ID: 31283429
<u>Fairview</u>		NC 28730-7721	Amount of Each Receipt this Period
FEC ID number of federal political c		C	200.00
Name of Employed	er	Occupation Doctor of Optometry	
Receipt For: Primary Other (spec	General	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Rec			566.67

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16 16
NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any persousing the name and address of any political committee to	
American Optometric Associati	on Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Randolph E Brooks Mailing Address 3 Schindler Dri	ve	Date of Receipt
City Succasunna	State Zip Code NJ 07876-1183	Transaction ID: 31283432 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 ▼ 400.00]
Full Name (Last, First, Middle Initial) Dr Barbara L Horn	'	Date of Receipt
Mailing Address 61269 Coralbu	rst Dr	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 31289218
Washington	MI 48094-1746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	159.09
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	318.18	
Full Name (Last, First, Middle Initial) Dr Steve N Nguyen		Date of Receipt
Mailing Address 7417 Primrose	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: 31296195
Irving	TX 75063-5507	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 (or	ational)	609.09

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or f	vinformation copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr Joe Ernest Ellis Mailing Address 179 Wood Trace City Benton	State KY	Zip Code 42025-9400	Date of Receipt 0 2 1 0 2 2 0 1 0 Transaction ID: 31296198 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		f Optometry e Year-to-Date ▼ 333.34	
3.	Full Name (Last, First, Middle Initial) Dr Joel D Sollom Mailing Address 7634 160Th Street			Date of Receipt 0 2 0 9 2 0 1 0
	City	State	Zip Code	Transaction ID: 31308732
	Lakeville FEC ID number of contributing federal political committee.	C	55044-4442	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupatio	n f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
; .	Full Name (Last, First, Middle Initial) Dr Jonathan J Schorn Mailing Address 10766 Amherst Way			Date of Receipt
	City	State	Zip Code	0 2 0 9 2 0 1 0 Transaction ID: 31308736
	Inver Grove Height	MN	55077-5477	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)	Aggregate	e Year-to-Date ▼ 365.00	
SI	JBTOTAL of Receipts This Page (optional)	1		1031.67

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate for each cate Detailed Sur	· ,	FOR LINE NUMBER: PAGE 13 / 48 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F	the name and address of any poli	used by any perso tical committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Timothy C Neitzke Mailing Address RR 3 Box 264			Date of Receipt
City Frazee	State Zip Code MN 56544		Transaction ID: 31308737 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupation		365.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	365.00	
Full Name (Last, First, Middle Initial) Dr Larry Donavon Morrison Mailing Address Route 1 Box 235			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: 31308739
Mahnomen	MN 56589		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 Jeffrey L Anderson	•		Date of Receipt
Mailing Address 1300 4Th St Nw			02 09 2010
City	State Zip Code		Transaction ID: 31308740
Austin FEC ID number of contributing federal political committee.	MN 55912-295	52	Amount of Each Receipt this Period 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 (optiona	.		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 14 / 48 (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 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 Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr James D Sandefur Mailing Address 219 Blue Bush Ro City Oakdale FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code LA 71463-4911 C Occupation Doctor of Optometry Aggregate Year-to-Date 2000.00	Date of Receipt 0 2 0 9 2 0 1 0 Transaction ID: 31308743 Amount of Each Receipt this Period 2000.00
Full Name (Last, First, Middle Initial) Dr Matthew R Downs Mailing Address 20 Kelly Ct City North Mankato FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MN 56003-3233 C Occupation Doctor of Optometry Aggregate Year-to-Date 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Brent D Johnson Mailing Address 118 East 9Th Stree City Blue Earth FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MN 56013-2012 C Occupation Doctor of Optometry Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 1 0 Transaction ID: 31309146 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (option	nal)	3400.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to alitical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Optometric Association Po	ontical Action Committee	
Full Name (Last, First, Middle Initial) Dr Kerry L Beebe		Date of Receipt
Mailing Address 12906 Knollwood Dr	ive	02 10 2010
City	State Zip Code	Transaction ID: 31309147
Baxter	MN 56425-8373	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:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr Anthony Michael Mc Donald		Date of Receipt
Mailing Address 20094 Kenwood Tra Po Box 847	il W	0 2 1 0 2 2 0 1 0
City	State Zip Code	Transaction ID: 31309148
<u>Lakeville</u>	MN 55044-5404	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 Elliott M Rosengarten		Date of Receipt
Mailing Address 7135 Shefford Lane		02 14 2010
City	State Zip Code	Transaction ID: 31310404
<u>Louisville</u>	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:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 48 (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 unlike the NAME OF COMMITTEE (In Full) American Optometric Association	s and Statements may not be sold or used by any persing the name and address of any political committee to provide the name and committee to the sold of the sold	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr John W Buck Mailing Address 1202 Cedar City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Crossett FEC ID number of contributing federal political committee.	AR 71635-3616	Amount of Each Receipt this Period 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 Julie L Owens Mailing Address 118 N.W. Gray	Glen	Date of Receipt 0 2 0 3 2 0 1 0
City Lake City	State Zip Code FL 32055-5059	Transaction ID: 31312910 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 LeRoy S Roberson Mailing Address 40 Jackson Driv	e	Date of Receipt
City	State Zip Code	0 2 0 9 2 0 1 0 Transaction ID: 31314038
Waynesville FEC ID number of contributing	NC 28786-4697	Amount of Each Receipt this Period
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 (opt	onal)	1250.00

SCHEDULE A (FEC Forn ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any person using the name and address of any political committee to tion Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Jennifer L Planitz Mailing Address 3537 New Cas		Date of Receipt
City	State Zip Code	0 2 1 7 2 0 1 0 Transaction ID: 31319020
Rio Rancho FEC ID number of contributing federal political committee.	NM 87124-3672	Amount of Each Receipt this Period 200.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 400.00]
Full Name (Last, First, Middle Initial) Dr Bardha Fejzo Mailing Address 19 Princeton C City		Date of Receipt M M D D Y Y Y Y Y Y Y Y
Freehold FEC ID number of contributing federal political committee.	NJ 07728-8226	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 Wesley E Garton Mailing Address 14626 Sharon		Date of Receipt
City Wichita	State Zip Code KS 67230-7015	Transaction ID: 31370454 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (or	otional)	700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 48 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association Pol	itical Action Committee	
Full Name (Last, First, Middle Initial) Dr Ronald Lee Hopping Mailing Address 1801 Creekside Dr		Date of Receipt
City	State Zip Code	0 2 1 9 2 0 1 0 Transaction ID: 31370702
Friendswood	TX 77546-7821	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	181.82
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 363.64	
Full Name (Last, First, Middle Initial) Dr Desiree Tyer Hopping		Date of Receipt
Mailing Address 1801 Creekside Dr		02 19 2010
City	State Zip Code	Transaction ID: 31370703
Friendswood	TX 77546-7821	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	181.82
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 363.64	
Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson		Date of Receipt
Mailing Address 9940 S Ashleigh Way		02 19 2010
City	State Zip Code	Transaction ID: 31378256
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 of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 347.10	
SUBTOTAL of Receipts This Page (optional) .		528.93
TOTAL This Period (last page this line number	· ·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may name and add	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	
Full Name (Last, First, Middle Initial) Dr James Monroe Vaught			Date of Receipt
Mailing Address 1305 Collins Street			0 2 1 8 2 0 1 0
City	State	Zip Code	Transaction ID: 31378562
Conway	SC	29526-3624	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:	. '	Year-to-Date ▼	_
Primary General Other (specify) ▼	, iggi egale	2000.00	
Full Name (Last, First, Middle Initial) Dr Timothy A Stafford	l		Date of Receipt
Mailing Address 1012 Julius Richardsor	n Rd		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: 31378568
Irmo	SC	29063-9740	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	n Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr lan B Gaddie			Date of Receipt
Mailing Address 5600 Schuler Lane			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: 31378765
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	Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			4250.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 48 (check only one) X
\	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Dr Michael E Bennett Mailing Address 4940 Victoria Place			Date of Receipt 0 2
	City	State OK	Zip Code	Transaction ID: 31378775
	Guthrie FEC ID number of contributing federal political committee.	C	73044-8668	Amount of Each Receipt this Period 166.67
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	- '	on f Optometry e Year-to-Date ▼ 333.34	
_ 3.	Full Name (Last, First, Middle Initial) Dr Marshall P Dorsett Mailing Address 12938 Ironwood Drive	:		Date of Receipt
	City	State	Zip Code	0 2 2 1 2 0 1 0 Transaction ID: 31378805
	Aberdeen	SD	57401-8106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 400.00	
_ }.	Full Name (Last, First, Middle Initial) Dr Paul A Paxman			Date of Receipt
	Mailing Address 8909 N Silver Lake 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: 31381719
	Cedar Hills FEC ID number of contributing federal political committee.	C	84062-8783	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) .	1		816.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	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
American Optometric Association Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Dr Brian J Blount		Date of Receipt
Mailing Address 5830 N Circuit City	State Zip Code	M M Z Z Z Z D 1 D Z Z D 1 D Z Z D 1 D Z Z D 1 D Z Z D 1 D Z Z D 1 D Z Z D 2 D Z D Z D Z D Z D Z D Z D Z D
Beaumont	TX 77706-4428	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	181.82
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 363.64	
Full Name (Last, First, Middle Initial) Dr Donna Marie Ellinger		Date of Receipt
Mailing Address 7812 W 95Th Drive		02 22 2010
City	State Zip Code	Transaction ID: 31393431
Westminster	CO 80021-8659	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 Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Dorothy L Hitchmoth		Date of Receipt
Mailing Address Po Box 302 106 Davis Hill Road		02 22 2010
City New London	State Zip Code NH 03257-0302	Transaction ID: 31393432
FEC ID number of contributing federal political committee.	C 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 ▼ 332.00	
SUBTOTAL of Receipts This Page (optional)		1347.82
TOTAL This Period (last page this line number	·	

Π	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 48 (check only one) X
C	Any information copied from such Reports and r for commercial purposes, other than using t	Statements ma he name and ad	y 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	olitical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Carl D Dodson Mailing Address 1300 Meadow Farm	Dood		Date of Receipt
				02 22 2010
	City Zanesville	State OH	Zip Code 43701	Transaction ID: 31393445 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40701	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	
— В.	Full Name (Last, First, Middle Initial) Dr Leif E Erickson Mailing Address Rt 8			Date of Receipt
				02 22 2010
	City Hayward	State WI	Zip Code 54843	Transaction ID: 31393446 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0.000	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	
_ C.	Full Name (Last, First, Middle Initial) Dr George Kenneth Johnson			Date of Receipt
	Mailing Address 3025 W Beverly Lan	е		02 22 2010
	City Phoenix	State AZ	Zip Code 85053-3050	Transaction ID: 31393447
	FEC ID number of contributing federal political committee.	C	83033-3030	Amount of Each Receipt this Period 365.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			865.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 48 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American 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.
A.	Full Name (Last, First, Middle Initial) Dr Melvyn S Mazer Mailing Address 20 Dell Circle City Trumbull FEC ID number of contributing federal political committee. Name of Employer Self Employed		f Optometry	Date of Receipt M M
_	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr Michael J Long Mailing Address 8808 W Stebbinsville I	Rd		Date of Receipt 0 2 2 2 2 2 1 0 1 0
	City	State	Zip Code	Transaction ID: 31393452
	Edgerton FEC ID number of contributing federal political committee.	C	53534-8877	Amount of Each Receipt this Period 500.00
	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 Yvonne S. Kneisley	1		Date of Receipt
	Mailing Address 4707 Weatherhill Dr			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Wilmington	State DE	Zip Code 19808-1938	Transaction ID: 31393456 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	19000-1930	350.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)	1		1100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 48 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	
American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Julie L Walsh		Date of Receipt
Mailing Address 183 Main St W	Chata Zin Coala	02 22 2010
City Wabasha	State Zip Code MN 55981-1236	Transaction ID: 31393458
FEC ID number of contributing federal political committee.	C 33361-1230	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 Michael C Dorius		Date of Receipt
Mailing Address 348 South 525 West		02 / 22 / 2010
City	State Zip Code	Transaction ID: 31393459
<u>Hurricane</u>	UT 84737-3252	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 Mark R Stanchfield		Date of Receipt
Mailing Address 720 4Th St Se		02 / 22 / 2010
City	State Zip Code	Transaction ID: 31393461
Cut Bank	MT 59427-3511	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)		1000.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 48 (check only one) X
or for	information copied from such Reports and S r commercial purposes, other than using the AME OF COMMITTEE (In Full) American Optometric Association Polit	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Л. <u>Б</u> М	ull Name (Last, First, Middle Initial) or Peter Jeffrey Stein lailing Address 26 Arrowhead Drive	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
F	Guilford EC ID number of contributing sederal political committee.	CT	06437-3137	Amount of Each Receipt this Period 250.00
	ame of Employer self Employed ecceipt For: Primary General Other (specify)		n f Optometry e Year-to-Date ▼ 250.00	
3. <u>D</u>	ull Name (Last, First, Middle Initial) or Brian Darrell Smith lailing Address 1301 County Road G			Date of Receipt 0 2 2 2 2 2 1 0 1 0
	ity	State	Zip Code	Transaction ID: 31393481
F	Milltown EC ID number of contributing sederal political committee.	C	54858-2915	Amount of Each Receipt this Period 250.00
N S	ame of Employer elf Employed	Occupation Doctor of	n f Optometry	
R	eceipt For: Primary General Other (specify)	. '	e Year-to-Date ▼ 250.00	
<u>D</u>	ull Name (Last, First, Middle Initial) or Dennis E Mathews lailing Address 1320 Carr Avenue			Date of Receipt
C	ity	State	Zip Code	0 2 2 2 2 0 1 0 Transaction ID: 31393482
<u>N</u>	Memphis	TN	38104-4500	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		500.00
N S	ame of Employer elf Employed	Occupation Doctor of	n f Optometry	
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
SUE	BTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 48 (check only one) X
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) American Optometric Associatio	s and Statements may not be sold or used by any perso ing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	ii i oiiticai Action Committee	
Full Name (Last, First, Middle Initial) Dr Jan S. N. Remillard		Date of Receipt
Mailing Address 47684 Alawiki St		0 2 2 2 2 2 0 1 0
City	State Zip Code	Transaction ID: 31393487
Kaneohe	HI 96744-4695	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 Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Teresa F Theobald	I	Date of Receipt
Mailing Address 4230 Ugstad Roa	ad	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: 31393488
<u>Hermantown</u>	MN 55811-3649	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 Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Stanton L. Andrist		Date of Receipt
Mailing Address 131 S Woodcres	t Drive	02 22 2010
City Fargo	State Zip Code ND 58102-2144	Transaction ID: 31393490 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 (optive	onal)	1665.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association P	d Statements may not be sold or used by any perso 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 Richard L. Talkington Mailing Address 461 Pleasant St P.O. Box 521 City Franklin FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NH 03235-1885 C Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	Date of Receipt M M C 26 2010 Transaction ID: 31395839 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Dr Edwin F Adams, III Mailing Address 36467 Oak Park Ave City Prairieville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code LA 70769-3279 C Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Lacy Bordelon Shaw Mailing Address 1824 Bryn Mawr City Alexandria FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code LA 71301-4501 C Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	Date of Receipt M M C 2 5 2 0 1 0 Transaction ID: 31395890 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	1100.00

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 48 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may name and add	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 Rodney Alan Windhorst			Date of Receipt
Mailing Address 4119 Priest Point Drive	NE		02 / 25 / 2010
City	State	Zip Code	Transaction ID: 31395894
<u>Tulalip</u>	WA	98271-7335	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 Optometry	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify) ▼		365.00	
Full Name (Last, First, Middle Initial) Dr Marty S Traylor			Date of Receipt
Mailing Address 3720 W Parrish Ave			02 25 2010
City	State	Zip Code	Transaction ID: 31395898
Owensboro	KY	42301-3325	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 Optometry	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr Stacie R Nichols			Date of Receipt
Mailing Address P O Box 372			02 25 2010
City	State	Zip Code	Transaction ID: 31395899
Davenport	WA	99122-0372	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 Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			865.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Statements may			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
OI	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Polit Full Name (Last, First, Middle Initial)	name and ad	dress of any political committee to	solicit contributions from such committee.
A.	Dr Michael Douglas Jones Mailing Address 149 Branham Road			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Ten Mile FEC ID number of contributing federal political committee.	State TN	Zip Code 37880-2921	Transaction ID: 31395903 Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n f Optometry e Year-to-Date ▼	
В.	Full Name (Last, First, Middle Initial) Dr Ryan L Parker Mailing Address 602 Sundance Drive City Ardmore FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	_ '	Zip Code 73401-1199 In f Optometry E Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 c.	Full Name (Last, First, Middle Initial) Dr Todd L Richardson Mailing Address 14317 Se 23Rd City Vancouver FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 98683-8459 In f Optometry Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
5	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 30 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16 17
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 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 Maryjane Healey Mailing Address 6710 124Th Place	Se	Date of Receipt
City Snohomish	State Zip Code WA 98296-8649	Transaction ID: 31405215 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 30230-0043	200.00
Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr Sue E Lowe Mailing Address 1704 Skyline Drive		Date of Receipt
City Laramie	State Zip Code WY 82070-8932	Transaction ID: 31405247 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	333.34	
Full Name (Last, First, Middle Initial) Dr Andrea P Thau		Date of Receipt
Mailing Address 170 East 83 Street		02 28 2010
City New York	State Zip Code NY 10028-1920	Transaction ID: 31405250 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 ▼ 333.34	
SUBTOTAL of Receipts This Page (options	al)	533.34

I purposes, other than using the DMMITTEE (In Full) Deptometric Association Policist, First, Middle Initial) Descriptions 789 N Broad Per of contributing al committee. Repectify) General Descriptions General Descript	statements may not be sold or used by any personame and address of any political committee to tical Action Committee State Zip Code IL 61401-2766 C Occupation Doctor of Optometry Aggregate Year-to-Date 350.00	Date of Receipt Date of Receipt Transaction ID: 31405261 Amount of Each Receipt this Period Date of Receipt
optometric Association Poli list, First, Middle Initial) lise list, First, Middle Initial) list, First, Middle Initial) list, First, Middle Initial) list, First, Middle Initial)	State Zip Code IL 61401-2766 C Occupation Doctor of Optometry Aggregate Year-to-Date 350.00	Transaction ID: 31405261 Amount of Each Receipt this Period 175.00
er of contributing al committee. loyer General specify) st, First, Middle Initial)	Occupation Doctor of Optometry Aggregate Year-to-Date 350.00	Transaction ID: 31405261 Amount of Each Receipt this Period 175.00
er of contributing al committee. loyer d General specify) st, First, Middle Initial)	Occupation Doctor of Optometry Aggregate Year-to-Date 350.00	Transaction ID: 31405261 Amount of Each Receipt this Period 175.00
General specify) st, First, Middle Initial)	Occupation Doctor of Optometry Aggregate Year-to-Date 350.00	Amount of Each Receipt this Period 175.00
General specify) st, First, Middle Initial)	Occupation Doctor of Optometry Aggregate Year-to-Date 350.00	175.00
General specify) ▼	Doctor of Optometry Aggregate Year-to-Date ▼ 350.00	Date of Receipt
specify) ▼ ust, First, Middle Initial)	350.00	Date of Receipt
•		Date of Receipt
oo 4400 F Mandanal		
ss 1408 E Maryland		02 28 2010
	State Zip Code MT 59044-2238	Transaction ID: 31405265
er of contributing al committee.	MT 59044-2238	Amount of Each Receipt this Period 166.67
loyer d	Occupation Doctor of Optometry	
General pecify) ▼	Aggregate Year-to-Date ▼ 333.34	
st, First, Middle Initial) Mark Card		Date of Receipt
ss 2003 Howard		0 2 2 4 2 0 1 0
	State Zip Code	Transaction ID: 31409498
er of contributing al committee.	ID 83605-4873	Amount of Each Receipt this Period 250.00
loyer	Occupation Doctor of Optometry	
4	Aggregate Year-to-Date ▼ 250.00	
General pecify) ▼	0 0 0 0 0 0 0 0	_
1	oyer General	oyer Occupation Doctor of Optometry Aggregate Year-to-Date General

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00UEDIU E 4 /==0=			FOR LINE NUMBER. BACE 00 / 40
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 48 (check only one)
ITEMIZED RECEIPTS		for each category of the	
		Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may	 y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Optometric Association Polit	tical Action	Committee	
Full Name (Last, First, Middle Initial)			
Dr Samuel Cooper Smart			Date of Receipt
Mailing Address 7 Derby Drive			0 2 2 4 2 0 1 0
City	State	Zip Code	Transaction ID: 31409501
Fredericksburg	VA	22405-3315	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) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Howard J Braverman			Date of Receipt
Mailing Address 3809 N 41 Avenue			0 2 2 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31409502
Hollywood	FL	33021-1842	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	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Michael P Malone			Date of Receipt
Mailing Address 6200 Sw 23Rd Street			0 2 2 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31409504
Topeka	KS	66614-4212	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	7
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		365.00]
SUBTOTAL of Receipts This Page (optional)			1115.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 48 (check only one) X
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 perso g the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
·	Tollioar / Citori Committee	
Full Name (Last, First, Middle Initial) Dr Steven A Bryant		Date of Receipt
Mailing Address 620 Cedar		02 24 2010
City	State Zip Code	Transaction ID: 31409511
Concordia	KS 66901-2812	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)		D. (D.)
Dr Gilan L Cockrell Mailing Address 739 Road 200		Date of Receipt
City	State Zip Code	02 24 2010
Emporia	KS 66801-7616	Transaction ID: 31409515 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 Philip Thomas Williams	I	Date of Receipt
Mailing Address 21811 42Nd Drive	Ne	02 24 2010
City	State Zip Code	Transaction ID: 31409519
Arlington	WA 98223-7278	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)	2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 48 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar	nd Statements may	, ,	on for the purpose of soliciting contributions
Any information copied from such Reports ar or for commercial purposes, other than using	the name and add	dress of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association F	Political Action (Committee	
Full Name (Last, First, Middle Initial) Dr Lawrence Lefland			Date of Receipt
Mailing Address 260 Millbrook Road			0 2 2 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 31409521
North Haven	CT	06473-4336	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 Optometry	
Receipt For:	 	Year-to-Date ▼	
Primary General Other (specify) ▼	7 ggr egate	250.00	
Full Name (Last, First, Middle Initial) Dr Herman H Ginger			Date of Receipt
Mailing Address 3901 Divoky Road			02 24 2010
City	State	Zip Code	Transaction ID: 31409526
Pine Bluff	AR	71603-9505	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	n Optometry	
Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr Henry Allen Hull			Date of Receipt
Mailing Address 160 Timber Ridge [Orive		0 2
City	State	Zip Code	Transaction ID: 31409532
New Braunfels	TX	78132-4640	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	350.00	
			2600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate schedule for each category of the Detailed Summary Page			FOR LINE NUMBER: PAGE 35 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	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	
Full Name (Last, First, Middle Initial)			
Dr Jeffrey Kraushaar Mailing Address 20 East Amber Lane			Date of Receipt
City	Ctoto	7in Codo	02 24 2010
City Wading River	State NY	Zip Code 11792-2400	Transaction ID: 31409533 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	111/22 2400	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 James G Butler			Date of Receipt
Mailing Address P O Box 913			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: 31409535
Idabel	OK	74745-0913	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: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Charles George Beier			Date of Receipt
Mailing Address 4816 Sw West Hills Dr			0 2 2 4 2 0 1 0
City	State	Zip Code	Transaction ID: 31409540
<u>Topeka</u>	KS	66606-2244	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) ▼	Aggregate	Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)		·····	915.00

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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 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) Jr. Thomas A Lucas, Jr Mailing Address 2023 Sandy Point	Road	Date of Receipt 0 2 2 4 2 0 1 0
City	State Zip Code	Transaction ID: 31409542
Harker Heights FEC ID number of contributing federal political committee.	TX 76548-8680	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 James Mathew Hutchins Mailing Address 101 S Shore Drive		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: 31409545
Sleepy Eye	MN 56085-1038	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 William E Dolan		Date of Receipt
Mailing Address 2900 High Point R	d	0 2 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: 31409554
Greensboro FEC ID number of contributing federal political committee.	NC 27403-4555	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	
SUBTOTAL of Receipts This Page (option	al)	1115.00

SCHEDULE A (F	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 48 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purpose NAME OF COMMITT	es, other than using the name and	address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Dr Christine J Janty Mailing Address 35. City Saint Paul FEC ID number of corfederal political commit	State MN ctributing ttee.	55105-2430	Date of Receipt M M M
Name of Employer Self Employed Receipt For: Primary Other (specify)	Aggreç General	ation r of Optometry gate Year-to-Date ▼ 250.00	
Full Name (Last, First, Dr Ronald Curtiss Mozi Mailing Address 109	ngo, Sr		Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
City Hattiesburg FEC ID number of corfederal political commi	ttee.	39401-9357	Transaction ID: 31409560 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary Other (specify)	General Aggrec	ation r of Optometry gate Year-to-Date ▼ 500.00	
Full Name (Last, First, Dr Ronald M Millman Mailing Address 4 7			Date of Receipt 0 2 2 4 2 0 1 0
City Randolph FEC ID number of cor	State NJ	Zip Code 07869	Transaction ID: 31409562 Amount of Each Receipt this Period
federal political comming federal political federal	ttee. Occupa		300.00
Receipt For: Primary Other (specify)	Aggreç General	r of Optometry gate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts	This Page (optional)		1050.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 48 (check only one) X
Ar or	ny information copied from such Reports and 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	
∠_ A .	Full Name (Last, First, Middle Initial) Dr Eric Orava			Date of Receipt
	Mailing Address 641 - 41St St			02 24 2010
	City	State	Zip Code	Transaction ID: 31409563
	Brooklyn	NY	11232-3138	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	on f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
— В.	Full Name (Last, First, Middle Initial) Dr Stephanie M White	· ·		Date of Receipt
	Mailing Address 5110 Jefferson Highw	vay		02 24 2010
	City	State	Zip Code	Transaction ID: 31409596
	<u>Harahan</u>	LA	70123-5302	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	on f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
— С.	Full Name (Last, First, Middle Initial) Dr William Donald Diehl			Date of Receipt
	Mailing Address 3119 Dans Ct			02 24 2010
	City	State	Zip Code	Transaction ID: 31409603
	<u>Enid</u>	OK	73703-1510	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 f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
S	SUBTOTAL of Receipts This Page (optional)			1250.00
	OTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 48 (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 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	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Camile Louis Chiasson Mailing Address 900 N Canal Blvd			Date of Receipt
	Maining / Red 1909 14 Oallal Divu			02 24 2010
	City	State	Zip Code	Transaction ID: 31409608
	Thibodaux	LA	70301-8096	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	e Year-to-Date ▼ 1000.00	
_ В.	Full Name (Last, First, Middle Initial) Dr James L Price, Jr			Date of Receipt
	Mailing Address 120 Hazelwood			02 24 2010
	City	State	Zip Code	Transaction ID: 31409610
	Monticello	AR	71655-9397	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	e Year-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) Dr Derrell R Spurlock, II			Date of Receipt
	Mailing Address 1665 Barnes Rd			0 2
	City	State LA	Zip Code	Transaction ID: 31409611
	Athens FEC ID number of contributing federal political committee.	C	71003	Amount of Each Receipt this Period 365.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	-, '	e Year-to-Date ▼ 365.00	
Г		-1		1865.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 48 (check only one) X
Any information copied from such Reports 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 persong 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 Douglas M Wike Mailing Address 6728 Sondra Drive City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Dallas FEC ID number of contributing federal political committee.	TX 75214-3405	Amount of Each Receipt this Period 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 Allan L Barker Mailing Address 500 Wildwood Ave	e	Date of Receipt 0 2 2 4 2 0 1 0
City Rocky Mount FEC ID number of contributing federal political committee.	State Zip Code NC 27803-1732	Transaction ID: 31409618 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr Dorothy L Hitchmoth Mailing Address Po Box 302 106 Davis Hill Roa		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City New London FEC ID number of contributing federal political committee.	State Zip Code NH 03257-0302 C	Transaction ID: 31409708 Amount of Each Receipt this Period 20.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 352.00	
SUBTOTAL of Receipts This Page (option	nal)	1020.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports	for each category of the Detailed Summary Page and Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 41 / 48 (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	ng the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr James A Stephens Mailing Address 1404 Rachel Lane	e	Date of Receipt
City	State Zip Code	0 2 2 6 2 0 1 0 Transaction ID: 31409755
<u>Tallahassee</u>	FL 32308-7723	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 D Killough		Date of Receipt
Mailing Address 3005 N 6Th Stree		02 26 2010
City	State Zip Code	Transaction ID: 31409757
Blytheville FEC ID number of contributing federal political committee.	AR 72315-8031	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	
Full Name (Last, First, Middle Initial) Dr Cynthia A Johnson		Date of Receipt
Mailing Address 5502 Cherry Ridg	e Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Richmond</u>	State Zip Code TX 77406-7647	Transaction ID: 31409759 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 (option	nal)	1250.00

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 48 (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 NAME OF COMMITTEE (In Full)	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.
	American Optometric Association Poli	itical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Bernie V Rottach Mailing Address 10 Homedale Rd			Date of Receipt
				02 26 2010
	City Hopkins	State MN	Zip Code 55343-8518	Transaction ID: 31409760
	FEC ID number of contributing federal political committee.	C	33343-6316	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr Christine A Leska Mailing Address 1103 3-1/2 Avenue Nv	V		Date of Receipt
	City	Ctata	7in Codo	02 26 2010
	City Byron	State MN	Zip Code 55920-1384	Transaction ID: 31409762 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) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- C.	Full Name (Last, First, Middle Initial) Dr Shahane T Kirman			Date of Receipt
	Mailing Address 138 Circle Drive			02 26 2010
	City	State	Zip Code	Transaction ID: 31409765
	Hummelstown	PA	17036-1103	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 ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
f	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 48 (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 persong the name and address 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 Barbara M Yanak Mailing Address Rr3 Box 178B		Date of Receipt
City Towanda	State Zip Code PA 18848	Transaction ID: 31409767 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed Receipt For: Primary Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr Cindy S Matteson Mailing Address 31344 Pike Place		Date of Receipt 0 2 2 6 2 0 1 0
City	State Zip Code	Transaction ID: 31409771
Union City	CA 94587-2592	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 Hilary L Hawthorne	1	Date of Receipt
Mailing Address 4470 Don Miguel D	Orive	02 26 2010
City	State Zip Code	Transaction ID: 31409786
Los Angeles	CA 90008-2828	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 (options	·	1000.00

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ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 44/48 **SCHEDULE A (FEC Form 3X)** 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) Date of Receipt Dr Hilary L Hawthorne Mailing Address 4470 Don Miguel Drive 02 26 2010 City State Zip Code Transaction ID: 31409787 Los Angeles CA 90008-2828 Amount of Each Receipt this Period FEC ID number of contributing C 1500.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date Primary General 2000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	1500.00
TOTAL This Period (last page this line number only)	•	49794.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 48 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may not be sold or used by any person me 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	al Action Committee	
Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan Mailing Address PO Box 871 City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Bismarck FEC ID number of contributing federal political committee. Name of Employer	ND 58502 C C00143438 Occupation	Amount of Each Receipt this Period 4000.00
Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	Refund

		4000.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	4000.00
TOTAL This Period (last page this line number only)	•	4000.00

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SCHEDULE B (FEC Form 3X)	Llog gongrata ask advita/a\	FOR LINE NUMBER: PAGE		PAGE 46/48	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	-		
	Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b	
Any Information copied from such Reports and Staten					
or for commercial purposes, other than using the nam	e and address of any political co	mmittee to sol	icit contributions from	such committee	
NAME OF COMMITTEE (In Full) American Optometric Association Political	Action Committee				
American optometric Association i ditical	Action Committee				
Full Name (Last, First, Middle Initial)			Transaction ID:		
Halvorson For Congress			Date of Disbursem		
Mailing Address PO Box 176			0 2 0 1	2 0 1 0 Y	
City Crete	State Zip Code IL 60417		Amount of Each D	isbursement this Period	
Purpose of Disbursement Candidate Contribution	Г	011		1500.00	
Candidate Name		Category/			
Rep. Deborah L. Halvorson Office Sought: X House Disburse	ement For: 2010	Туре			
	Primary General		Candidate Contr	ibution	
President State: IL District: 11	Other (specify)				
Full Name (Last, First, Middle Initial)			Transaction ID:	21220425	
Congressman Joe Barton Committee, The			Date of Disbursem		
Mailing Address P.O. Box 1444			0 2 M / D D / Y Y Y Y Y		
City Ennis	State Zip Code TX 75120		Amount of Each D	isbursement this Period	
Purpose of Disbursement				1000.00	
Candidate Contribution Candidate Name	Candidate Contribution 011 Candidate Name Category				
Rep. Joe L. Barton		Type			
9 1	ment For: 2010 Primary General		Candidate Contribution		
President	Other (specify)				
State: TX District: 06					
Full Name (Last, First, Middle Initial) Courtney For Congress			Transaction ID:		
			Date of Disbursement 0 2 1 8 2 0 1 0		
Mailing Address 38 Risley Road			02 18	2010°	
City Vernon	State Zip Code CT 06066		Amount of Each D	isbursement this Period	
Purpose of Disbursement	Г	011		1000.00	
Candidate Contribution 011 Candidate Name Category/					
Rep. Joseph D. Courtney		Type			
	ment For: 2010 Primary General		Candidate Contribution		
President	Other (specify)				
State: CT District: 02					
SUBTOTAL of Disbursements This Page (optional))		3500.00	
TOTAL This Period (last page this line number only)				3500.00	

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ago# 100000000			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-	NUMBER: PAGE 47/48
ITEMIZED DISBURSEMENTS	for each category of the	(check only	y one) ☐ 22
	Detailed Summary Page	27	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)			
American Optometric Association Political	Action Committee		
Full Name (Last, First, Middle Initial) Bank of America			Transaction ID: 31414421 Date of Disbursement
Mailing Address DO D. 700054			02 01 7 2010
Mailing Address PO Box 790251			02 01 2010
,	State Zip Code MO 63179		Amount of Each Disbursement this Period
Purpose of Disbursement			707.53
Bank Fee		001	
Candidate Name		Category/ Type	
Office Sought: House Disburse	ment For:	7.	Bank Fee
Senate	Primary General		Dankiee
President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Transaction ID: 31414422
Bank of America			Date of Disbursement
Mailing Address PO Box 790251			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City	State Zip Code		Amount of Each Disbursement this Period
	MO 63179		19.42
Purpose of Disbursement Discover Fee		001	19.42
Candidate Name		Category/	
0(5, 0, 1)		Туре	
Office Sought: House Disburse Senate	ment For: Primary General		Discover Fee
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Bank of America			Transaction ID: 31414423 Date of Disbursement
Mailing Address PO Box 790251			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
	State Zip Code		Amount of Each Disbursement this Period
	MO 63179		104.31
Purpose of Disbursement American Express Fee		001	104.01
Candidate Name		Category/ Type	
Office Sought: House Disburse	ment For:		American Everens Foo
Senate	Primary General		American Express Fee
State: President State:	Other (specify) ▼		
CURTOTAL of Diphuragements This Dags (series = 1)			831.26
SUBTOTAL of Disbursements This Page (optional) .		······	COLLEG

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 48/48 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: 31414424 Bank of America Date of Disbursement 16 0 2 2010 Mailing Address PO Box 790251 City State Zip Code Amount of Each Disbursement this Period St. Louis MO 63179 74.71 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: 31415158 Wachovia Federal Date of Disbursement 0 9 0 2 2010 Mailing Address 1650 Tyson Blvd. City State Zip Code Amount of Each Disbursement this Period McLean VA 22102 601.90 Purpose of Disbursement Bank Fee 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Bank Fee Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	•	676.61
TOTAL This Period (last page this line number only)	•	1507.87

Other (specify)

State: