

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Optometric Association Political Action Committee

ADDRESS (number and street)

1505 Prince Street

Suite 300

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00024968

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas E. Nye O.D.

Signature of Treasurer

Thomas E. Nye O.D.

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2011

To:

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																		
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="6">2011</td></tr></table>	Y	Y	Y	Y	Y	Y	2011							<table><tr><td colspan="6">393463.33</td></tr></table>	393463.33					
Y	Y	Y	Y	Y	Y															
2011																				
393463.33																				
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="6">551477.28</td></tr></table>	551477.28																		
551477.28																				
(c) Total Receipts (from Line 19)	<table><tr><td colspan="6">98927.52</td></tr></table>	98927.52						<table><tr><td colspan="6">677551.70</td></tr></table>	677551.70											
98927.52																				
677551.70																				
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="6">650404.80</td></tr></table>	650404.80						<table><tr><td colspan="6">1071015.03</td></tr></table>	1071015.03											
650404.80																				
1071015.03																				
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="6">90694.12</td></tr></table>	90694.12						<table><tr><td colspan="6">511304.35</td></tr></table>	511304.35											
90694.12																				
511304.35																				
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="6">559710.68</td></tr></table>	559710.68						<table><tr><td colspan="6">559710.68</td></tr></table>	559710.68											
559710.68																				
559710.68																				
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 09 01 2011

To:

 M M / D D / Y Y Y Y Y
 09 30 2011
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

62737.99

450481.57

(ii) Unitemized

36118.70

222522.34

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

98856.69

673003.91

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

98856.69

673003.91

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

4000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

70.83

547.79

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

98927.52

677551.70

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

98927.52

677551.70

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2694.12	20179.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2694.12	20179.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	88000.00	479000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	125.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	125.00
29. Other Disbursements	0.00	12000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	90694.12	511304.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	90694.12	511304.35

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	98856.69	673003.91
34. Total Contribution Refunds (from Line 28(d))	0.00	125.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	98856.69	672878.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2694.12	20179.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2694.12	20179.35

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

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

FOR LINE NUMBER: PAGE 6 OF 124
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Barbara A Scheetz

Mailing Address 4830 Hawthorne Dr

City

West Des Moines

State

IA

Zip Code

50265-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 01 / 2011

Transaction ID : 33700057

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr Edwin Y Endo

Mailing Address 98828 Hiliu Pl

City

Aiea

State

HI

Zip Code

96701-2785

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.28

Date of Receipt

09 / 01 / 2011

Transaction ID : 33711555

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Dr Kathleen E Powell

Mailing Address 9710 Copper Drive

City

Anchorage

State

AK

Zip Code

99507-1226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 03 / 2011

Transaction ID : 33712131

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)..... ►

151.66

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

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Dirk Michael Beyer

Mailing Address 709 South 5Th St

City

Hamilton

State

MT

Zip Code

59840-2755

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.16

Date of Receipt

09 / 03 / 2011

Transaction ID : 33712133

Amount of Each Receipt this Period

144.29

Full Name (Last, First, Middle Initial)

B. Dr Robert L Owens II

Mailing Address 8 Century Lane

City

Newmanstown

State

PA

Zip Code

17073-8982

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 03 / 2011

Transaction ID : 33712134

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Dr Philip J. Gross

Mailing Address 46 Wintergreen Way

City

Magnolia

State

DE

Zip Code

19962-1474

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 03 / 2011

Transaction ID : 33712135

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

244.29

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert L Jarrell III

Mailing Address 50 Cedar Hill Rd

City

Albuquerque

State

NM

Zip Code

87122-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1428.60

Date of Receipt

09 / 03 / 2011

Transaction ID : 33712136

Amount of Each Receipt this Period

285.72

Full Name (Last, First, Middle Initial)

B. Dr Robert J Fleckenstein

Mailing Address 1830 Rebel Ridge

City

Anchorage

State

AK

Zip Code

99504-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 04 / 2011

Transaction ID : 33712155

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Dr Stanley Woo

Mailing Address 2501 Nicholson St

City

Houston

State

TX

Zip Code

77008-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 04 / 2011

Transaction ID : 33712158

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

620.72

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Harvey B Richman FAEO

Mailing Address 136 Main Street

City

Manasquan

State

NJ

Zip Code

08736-3558

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

09 / 04 / 2011

Transaction ID : 33712159

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Julie A Toon

Mailing Address 2204 Longwood Cir

City

Wichita

State

KS

Zip Code

67226-1157

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 04 / 2011

Transaction ID : 33712160

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Dr Casey M Roelfs

Mailing Address 1254 Noble Hills

City

Boone

State

IA

Zip Code

50036-7569

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

09 / 05 / 2011

Transaction ID : 33712173

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

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

122.09

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

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

FOR LINE NUMBER: PAGE 10 OF 124
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr David Edward Magnus

Mailing Address P O Box 2144

City

Corrales

State

NM

Zip Code

87048-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 05 / 2011

Transaction ID : 33712174

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Adrian Tenorio

Mailing Address 1702 Royal Dr

City

Las Cruces

State

NM

Zip Code

88011-4926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 05 / 2011

Transaction ID : 33712175

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Dr Jeffrey J Neighbors

Mailing Address 119 S Cadwell

City

Eagle Grove

State

IA

Zip Code

50533-2121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 05 / 2011

Transaction ID : 33712177

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

175.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 11 OF 124
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Clarke D Newman

Mailing Address 7700 Greenway Blvd A-4

City State Zip Code
 Dallas TX 75209-7324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

09 / 05 / 2011

Transaction ID : 33712178

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Mary Anne C Murphy

Mailing Address 16683 Cathedral Way

City State Zip Code
 Broomfield CO 80023-4645

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 06 / 2011

Transaction ID : 33712185

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Dr Frederick P Darin

Mailing Address 405 Tirrell Rd

City State Zip Code
 Charlotte MI 48813-2131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 06 / 2011

Transaction ID : 33712186

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

325.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Keith A Schrunk

Mailing Address 2063 Rock Branch Road

City

Anthon

State

IA

Zip Code

51004-8150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 06 / 2011

Transaction ID : 33712187

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Dr Christopher J Colburn

Mailing Address 30 Winchester Rd

City

Lakewood

State

NY

Zip Code

14750-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

09 / 06 / 2011

Transaction ID : 33712189

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Dr John D Coble

Mailing Address 1501 Sunset Hill

City

Rockwall

State

TX

Zip Code

75087-3216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.80

Date of Receipt

09 / 06 / 2011

Transaction ID : 33718090

Amount of Each Receipt this Period

83.35

SUBTOTAL of Receipts This Page (optional)..... ►

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

196.69

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 124

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Justin L Kohls

Mailing Address 4256 East Montgomery Rd

City State Zip Code
 Cave Creek AZ 85331-7862

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 06 / 2011

Transaction ID : 33724504

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Joel Gregory Bailey

Mailing Address 311 Pond View Lane

City State Zip Code
 Lexington SC 29072-2419

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 07 / 2011

Transaction ID : 33724512

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Jacqueline M Bowen

Mailing Address 3930 W 19Th St Ln

City State Zip Code
 Greeley CO 80634-3446

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 08 / 2011

Transaction ID : 33732478

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

550.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Adam P Parker

Mailing Address 10800 Rimber Cte

City

Glen Allen

State

VA

Zip Code

23060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 08 / 2011

Transaction ID : 33732480

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Dr Sean Michael Stevens

Mailing Address 23 Farm Brook Way

City

Simpsonville

State

SC

Zip Code

29681-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 08 / 2011

Transaction ID : 33732481

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr Rebecca H Wartman

Mailing Address 46 Lambeth Walk

City

Fairview

State

NC

Zip Code

28730-7721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

09 / 08 / 2011

Transaction ID : 33732485

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

355.00

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

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

FOR LINE NUMBER: PAGE 15 OF 124
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert P Nyre

Mailing Address 2505 10Th Ave Nw

City

Minot

State

ND

Zip Code

58703-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 08 / 2011

Transaction ID : 33732487

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Dr Dawn Marie Miller

Mailing Address 3004 E Lake Hill Dr

City

Orange

State

CA

Zip Code

92867-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 08 / 2011

Transaction ID : 33732488

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Dr Paul C Bruderer

Mailing Address 385 Miller Way

City

Farmington

State

UT

Zip Code

84025-4508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 09 / 2011

Transaction ID : 33750391

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 124
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Brian F Rowley

Mailing Address 619 N 330 W

City
Santaquin

State
UT

Zip Code
84655-5099

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 09 / 2011

Transaction ID : 33750392

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr David J Shippee

Mailing Address Box 307

City

Sherman Oaks

State

ME

Zip Code

04777

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

09 / 09 / 2011

Transaction ID : 33750394

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Dr Kenneth Ray Moultrie

Mailing Address 1809 Gaslight Way

City

Huntsville

State

AL

Zip Code

35801-1555

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

09 / 09 / 2011

Transaction ID : 33750397

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

121.66

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

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

FOR LINE NUMBER: PAGE 17 OF 124

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Barbara L Horn

Mailing Address 61269 Coralburst Dr

City

Washington

State

MI

Zip Code

48094-1746

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1495.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : 33750398

Amount of Each Receipt this Period

168.18

Full Name (Last, First, Middle Initial)

B. Dr Mark David Hansen

Mailing Address 1887 Isett Ave N

City

Muscatine

State

IA

Zip Code

52761-9747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : 33750399

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr William Drost Altig

Mailing Address 520 Cr 4856

City

Newark

State

TX

Zip Code

76071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2011

Transaction ID : 33750401

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

793.18

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Renee C Whelan

Mailing Address 6 Williamsburg Lane

City

Scarborough

State

ME

Zip Code

04074-8637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 02 / 2011

Transaction ID : 33750547

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Samuel J Baron

Mailing Address Po Box 1543

City

Golden

State

CO

Zip Code

80402-1543

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 02 / 2011

Transaction ID : 33750549

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr Kenneth E Plank

Mailing Address 6408 Ann Arbor Terrace

City

Oklahoma City

State

OK

Zip Code

73132-7701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 02 / 2011

Transaction ID : 33750553

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1165.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Rhett Hamer Richardson

Mailing Address 373 Goss Lane

City

Barnwell

State

SC

Zip Code

29812-6435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2011

Transaction ID : 33750556

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Daniel R Doyle

Mailing Address 711 North Sunny Lane

City

Monmouth

State

IL

Zip Code

61462-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2011

Transaction ID : 33750557

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

C. Dr Dick Edwards

Mailing Address 11305 Oakmont Ct

City

Fort Myers

State

FL

Zip Code

33908-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2011

Transaction ID : 33750558

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1090.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 124

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Victoria Ann Blower

Mailing Address 2301 Loussac Dr

City

Anchorage

State

AK

Zip Code

99517-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

09 / 09 / 2011

Transaction ID : 33750599

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Dr Paul Philippe Cote

Mailing Address 18 Little Androscoggin Drive

City

Auburn

State

ME

Zip Code

04210-8884

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

09 / 10 / 2011

Transaction ID : 33752407

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Dr Zoey K Loomis

Mailing Address 3750 Highway 144

City

Weldona

State

CO

Zip Code

80653-9107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 10 / 2011

Transaction ID : 33752408

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

276.67

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Joe Ernest Ellis

Mailing Address 179 Wood Trace

City

Benton

State

KY

Zip Code

42025-9400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2011

Transaction ID : 33752409

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Gilbert E Pierce

Mailing Address 8639 Olenbrook Drive

City

Lewis Center

State

OH

Zip Code

43035-8702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2011

Transaction ID : 33752410

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

c. Dr Gregory C Russell

Mailing Address 2505 Rivermont Circle

City

Kingsport

State

TN

Zip Code

37660-2392

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2011

Transaction ID : 33752413

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

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

295.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 124

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Paul Schroeder

Mailing Address 616 12Th Street Sw

City

Le Mars

State

IA

Zip Code

51031-2265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 11 / 2011

Transaction ID : 33752417

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr Gregory Willard Hicks

Mailing Address 419 Bogart Road East

City

Sandusky

State

OH

Zip Code

44870-6404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1502.00

Date of Receipt

09 / 11 / 2011

Transaction ID : 33752418

Amount of Each Receipt this Period

166.00

Full Name (Last, First, Middle Initial)

C. Dr Gregory W Kraupa

Mailing Address 4280 Reiland Lane

City

Shoreview

State

MN

Zip Code

55126-3127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

09 / 11 / 2011

Transaction ID : 33752419

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

233.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert Craig Janot

Mailing Address 100 Orchard Drive

City State Zip Code
 Sulphur LA 70663-6268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 11 / 2011

Transaction ID : 33752420

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Andrea E Bethel

Mailing Address 1621 Terra Del Sol Dr Se

City State Zip Code
 Rio Rancho NM 87124-8709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 11 / 2011

Transaction ID : 33752422

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Nathan H Drum

Mailing Address 410 Slate Ledge Road

City State Zip Code
 Littleton NH 03561-3419

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 11 / 2011

Transaction ID : 33752423

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

176.67

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Denise Lynn Thanepohn

Mailing Address 130 Beaufort Circle

City

Anchorage

State

AK

Zip Code

99515-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 11 / 2011

Transaction ID : 33752424

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Edward M Kosnoski

Mailing Address 305 Kensington Ave S

City

Kent

State

WA

Zip Code

98030-7004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 12 / 2011

Transaction ID : 33752450

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Steven Arthur Loomis

Mailing Address 6436 Spotted Fawn Run

City

Littleton

State

CO

Zip Code

80125-9055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

09 / 12 / 2011

Transaction ID : 33752451

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

550.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Grant W Jones

Mailing Address 2117 Grandview Dr

City

Torrington

State

WY

Zip Code

82240-2638

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

09 / 12 / 2011

Transaction ID : 33752452

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Dr Lynda L Jones

Mailing Address 2117 Grandview Dr

City

Torrington

State

WY

Zip Code

82240-2638

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

09 / 12 / 2011

Transaction ID : 33752453

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

c. Dr Randolph E Brooks

Mailing Address 3 Schindler Drive

City

Succasunna

State

NJ

Zip Code

07876-1183

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

09 / 12 / 2011

Transaction ID : 33752454

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

260.84

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr R. Bryan Boozer

Mailing Address 1602 Wildwood St Sw

City

Cullman

State

AL

Zip Code

35055-4555

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2011

Transaction ID : 33754561

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Jeffrey David Hill

Mailing Address 126 Treymoor Drive

City

Alabaster

State

AL

Zip Code

35007-3150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2011

Transaction ID : 33754562

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Dr Sarah C Gordon

Mailing Address 252 Inverness Center Dr

City

Birmingham

State

AL

Zip Code

35242-4834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2011

Transaction ID : 33754563

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Brenden R White

Mailing Address 864 E Ranch Circle

City
Draper

State
UT

Zip Code
84020-9011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 13 / 2011

Transaction ID : 33754564

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr Brian D Cin

Mailing Address 17342 Alice Loop

City
Eagle River

State
AK

Zip Code
99577-7579

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2011

Transaction ID : 33754565

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Dr Mindy M Blackford

Mailing Address 2361 Shelby 210

City
Leonard

State
MO

Zip Code
63451-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

09 / 13 / 2011

Transaction ID : 33754566

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

105.42

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Edwin Y Endo

Mailing Address 98828 Hiliu Pl

City

State

Zip Code

Aiea

HI

96701-2785

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

09 / 13 / 2011

Transaction ID : 33754568

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Dr Markus I Barth

Mailing Address 1346 Heller Drive

City

State

Zip Code

Yardley

PA

19067-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.03

Date of Receipt

09 / 14 / 2011

Transaction ID : 33757841

Amount of Each Receipt this Period

66.67

Full Name (Last, First, Middle Initial)

c. Dr Kimberly D Ocampo

Mailing Address 823 6Th Avenue Se

City

State

Zip Code

Decatur

AL

35601-3021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 14 / 2011

Transaction ID : 33757842

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

133.33

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Brian J Plattner

Mailing Address 917 S Market Street

City

Knoxville

State

IL

Zip Code

61448-1299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 14 / 2011

Transaction ID : 33757843

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Dr Thomas Annunziato

Mailing Address 11700 Northview Dr

City

Aledo

State

TX

Zip Code

76008-5223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 14 / 2011

Transaction ID : 33757844

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

c. Dr Greg A Caldwell

Mailing Address 225 Terrace Drive

City

Lilly

State

PA

Zip Code

15938-5819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

09 / 14 / 2011

Transaction ID : 33757845

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)..... ►

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

335.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr David P Guhl

Mailing Address 5170 Wild Rose Lane

City State Zip Code
 Colorado Spgs CO 80918-3966

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 12 / 2011

Transaction ID : 33760080

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Linda M Chous

Mailing Address 1295 W Royal Oaks Drive

City State Zip Code
 Shoreview MN 55126-8478

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 15 / 2011

Transaction ID : 33761740

Amount of Each Receipt this Period

90.91

Full Name (Last, First, Middle Initial)

C. Dr Mark J Hennen

Mailing Address 1613 Atwater Path

City State Zip Code
 Inver Grove Heights MN 55077-1201

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 15 / 2011

Transaction ID : 33761741

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

640.91

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Vincent W Brandys Jr

Mailing Address 998 Ascot Drive

City
Elgin

State
IL

Zip Code
60123-6761

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1503.00

Date of Receipt

09 / 15 / 2011

Transaction ID : 33761746

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

B. Dr David L Parker

Mailing Address 4889 Bobo Place

City

Olive Branch

State

MS

Zip Code

38654-8223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

09 / 15 / 2011

Transaction ID : 33761747

Amount of Each Receipt this Period

55.56

Full Name (Last, First, Middle Initial)

C. Dr Jennifer E Davis

Mailing Address 16 Pambrook Dr

City

Fishersville

State

VA

Zip Code

22939-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

09 / 15 / 2011

Transaction ID : 33761748

Amount of Each Receipt this Period

41.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

263.56

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Scott L Nehring

Mailing Address 32840 S Meridian Road

City State Zip Code
 Woodburn OR 97071-8768

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 15 / 2011

Transaction ID : 33761749

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Dr Andrea A Neff

Mailing Address 681 Quicksilver Trail

City State Zip Code
 Fort Mill SC 29708-6512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 14 / 2011

Transaction ID : 33762089

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr John L Henahan FAAO

Mailing Address 1309 Bluesky Ct

City State Zip Code
 Peachtree City GA 30269-1279

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 14 / 2011

Transaction ID : 33762092

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

907.00

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

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

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for each category of the
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr J. Allen Puma

Mailing Address 469 Ridgefield Road

City

Shelburne

State

VT

Zip Code

05482-6319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 14 / 2011

Transaction ID : 33762093

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Richard B Henderson

Mailing Address 339 W Villa Drive

City

Bowling Green

State

KY

Zip Code

42101-9046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 14 / 2011

Transaction ID : 33762096

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Dr Gary Lee Dietterick

Mailing Address 212 Applewood Drive

City

Easton

State

PA

Zip Code

18045-5806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

09 / 14 / 2011

Transaction ID : 33762141

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

815.00

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

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jared P Walker

Mailing Address 609 Diamond Dr

City

Kimberly

State

ID

Zip Code

83341-1938

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : 33768063

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Dr Gary P Walker

Mailing Address 1733 W Wild Flower Ln

City

Twin Falls

State

ID

Zip Code

83301-3691

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : 33768071

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Dr Mamie Cassandra Chan

Mailing Address 13713 Vic Road Ne

City

Albuquerque

State

NM

Zip Code

87112-6602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : 33769979

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

110.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Craig H Wood

Mailing Address 7302 Toby Ct

City

Summerfield

State

NC

Zip Code

27358-9797

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 15 / 2011

Transaction ID : 33770455

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Thomas W Hobbs

Mailing Address 13 Ne 550 Rd

City

Warrensburg

State

MO

Zip Code

64093-7473

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 16 / 2011

Transaction ID : 33770477

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Ron W Roelfs

Mailing Address 1304 Shepherd Ave

City

Waverly

State

IA

Zip Code

50677-9632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

09 / 16 / 2011

Transaction ID : 33770478

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

335.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Bruce L Manning

Mailing Address 8190 Crossgate Ct N

City

Dublin

State

OH

Zip Code

43017-8431

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

09 / 16 / 2011

Transaction ID : 33770480

Amount of Each Receipt this Period

31.00

Full Name (Last, First, Middle Initial)

B. Dr Lee Ann Barrett

Mailing Address 1199 E Morgan

City

Boonville

State

MO

Zip Code

65233-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Optometric Association, Inc.

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 17 / 2011

Transaction ID : 33772031

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Dr Barry J Jose

Mailing Address 2409 Wintersteen Rd

City

Plattsburgh

State

NE

Zip Code

68048-8958

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

09 / 17 / 2011

Transaction ID : 33772032

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

111.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Sarah J Hudson

Mailing Address 284 Richards Ave Unit 2

City Portsmouth State NH Zip Code 03801-5238

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 17 / 2011

Transaction ID : 33772034

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Freddie M Mayes

Mailing Address 117 Magnolia Drive

City Central City State KY Zip Code 42330-1727

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 17 / 2011

Transaction ID : 33772036

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Jason A Ricks

Mailing Address 108 Agate Drive

City Lewistown State MT Zip Code 59457-3202

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 18 / 2011

Transaction ID : 33772054

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

205.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Harue Jean Marsden

Mailing Address 1445 Prospect Avenue Unit D

City State Zip Code
 Placentia CA 92870-3816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

09 / 18 / 2011

Transaction ID : 33772057

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Dr Michelle A Broderick

Mailing Address 7 Broad Sound Ln

City State Zip Code
 Freeport ME 04032-6297

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

09 / 18 / 2011

Transaction ID : 33772059

Amount of Each Receipt this Period

32.00

Full Name (Last, First, Middle Initial)

C. Dr Todd M Hamilton

Mailing Address 278 Falmouth Road

City State Zip Code
 Windham ME 04062-4815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

09 / 18 / 2011

Transaction ID : 33772060

Amount of Each Receipt this Period

33.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

148.34

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Blaine A Littlefield

Mailing Address 27 Wilderness Drive

City

Freeport

State

ME

Zip Code

04032-5824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

304.00

Date of Receipt

09 / 18 / 2011

Transaction ID : 33772061

Amount of Each Receipt this Period

33.00

Full Name (Last, First, Middle Initial)

B. Dr Alan Joseph Mathieu

Mailing Address P O Box 132

City

Raymond

State

ME

Zip Code

04071-0132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

304.00

Date of Receipt

09 / 18 / 2011

Transaction ID : 33772062

Amount of Each Receipt this Period

33.00

Full Name (Last, First, Middle Initial)

C. Dr Scott M Burks

Mailing Address P O Box 1351

City

Buffalo

State

MO

Zip Code

65622-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 19 / 2011

Transaction ID : 33772083

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

166.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr Richard Cornett

Mailing Address Ohio Optometric Assn, Inc

250 E Wilson-Bridge Rd #240

City

Worthington

State

OH

Zip Code

43085-2350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Optometric Association, Inc.

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : 33772084

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Philip Dunne Flynn

Mailing Address 122 Palmetto Hall Drive

City

Lexington

State

SC

Zip Code

29072-7894

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : 33772085

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Dr Scott M Pearl

Mailing Address 2245 Nw 142Nd Way

City

Pembroke Pines

State

FL

Zip Code

33028-2862

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : 33772087

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

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

416.67

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mitchell Todd Munson

Mailing Address 9940 S Ashleigh Way

City

Highlands Ranch

State

CO

Zip Code

80126-4244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.16

Date of Receipt

09 / 19 / 2011

Transaction ID : 33772088

Amount of Each Receipt this Period

166.94

Full Name (Last, First, Middle Initial)

B. Dr Susan M Brunnett

Mailing Address 9940 S Ashleigh Way

City

Highlands Ranch

State

CO

Zip Code

80126-4244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.59

Date of Receipt

09 / 19 / 2011

Transaction ID : 33772089

Amount of Each Receipt this Period

83.47

Full Name (Last, First, Middle Initial)

c. Dr Paul Zerbinopoulos

Mailing Address 22 Carrie Lane

City

North Kingstown

State

RI

Zip Code

02852-4138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

09 / 19 / 2011

Transaction ID : 33772090

Amount of Each Receipt this Period

40.56

SUBTOTAL of Receipts This Page (optional)..... ►

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

290.97

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Pamela J Blodgett

Mailing Address 22 Carrie Lane

City

N Kingstown

State

RI

Zip Code

02852-4138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

243.36

Date of Receipt

09 / 19 / 2011

Transaction ID : 33772091

Amount of Each Receipt this Period

40.56

Full Name (Last, First, Middle Initial)

B. Dr Ronald Lee Hopping

Mailing Address 1801 Creekside Dr

City

Friendswood

State

TX

Zip Code

77546-7821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1636.38

Date of Receipt

09 / 19 / 2011

Transaction ID : 33772094

Amount of Each Receipt this Period

181.82

Full Name (Last, First, Middle Initial)

c. Dr Desiree Tyler Hopping

Mailing Address 1801 Creekside Dr

City

Friendswood

State

TX

Zip Code

77546-7821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1636.38

Date of Receipt

09 / 19 / 2011

Transaction ID : 33772095

Amount of Each Receipt this Period

181.82

SUBTOTAL of Receipts This Page (optional)..... ►

404.20

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Scott R Lewis FCOVD

Mailing Address 2283 E Sidewinder Drive

City

Meridian

State

ID

Zip Code

83646-5476

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 15 / 2011

Transaction ID : 33775175

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Thomas R Hammond

Mailing Address 719 Meridian St

City

Meridian

State

ID

Zip Code

83642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 15 / 2011

Transaction ID : 33775183

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Lyman C. Norden

Mailing Address Southern Journal Of Opt
5517 Afton Drive

City

Birmingham

State

AL

Zip Code

35242-4202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 15 / 2011

Transaction ID : 33790830

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

865.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Paul C Jacobs

Mailing Address 1309 Sadler Rd

City

Pomona

State

IL

Zip Code

62975-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 15 / 2011

Transaction ID : 33790831

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Ellen Mary Dohr

Mailing Address 2050 Sheldrake Avenue

City

Okemos

State

MI

Zip Code

48864-3634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 15 / 2011

Transaction ID : 33790834

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr David Allan Rumpf

Mailing Address 12720 Ne 72

City

Kirkland

State

WA

Zip Code

98033-8314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 16 / 2011

Transaction ID : 33790845

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1050.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Angela Stack Harris

Mailing Address 122 Long Cove Lane

City State Zip Code
Mooresville NC 28117-5827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2011

Transaction ID : 33790847

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Flavel Josef Heyman III

Mailing Address 20 Bayles Court

City State Zip Code
Paxton IL 60957-1868

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2011

Transaction ID : 33790863

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dr Joanne Hendrick

Mailing Address Po Box 509

City State Zip Code
Monument CO 80132-0509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2011

Transaction ID : 33790864

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1115.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Richard C Orgain

Mailing Address 1277 Hwy 25 W

City
Gallatin

State
TN

Zip Code
37066-6106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 16 / 2011

Transaction ID : 33790865

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Onyinyechi I Achionye

Mailing Address 1708 Carissa Drive

City
Conyers

State
GA

Zip Code
30094-1128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 16 / 2011

Transaction ID : 33790876

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Teresa Partin Morton

Mailing Address 170 Middleground Way Apt 2

City
London

State
KY

Zip Code
40744-8153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 16 / 2011

Transaction ID : 33790878

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

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

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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Ronald W Downing

Mailing Address 7340 St Rt 60 N

City

McConnelsville

State

OH

Zip Code

43756-9644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 16 / 2011

Transaction ID : 33790884

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Susan W Hendrix

Mailing Address 4303 Fayetteville Road

City

Raeform

State

NC

Zip Code

28376-8052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 16 / 2011

Transaction ID : 33790891

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Robert J Dittoe

Mailing Address 449 Buckingham Lane

City

Lancaster

State

OH

Zip Code

43130-8891

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 16 / 2011

Transaction ID : 33790895

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Larry L Olsen

Mailing Address 16704 Thornton Lane

City

Edmond

State

OK

Zip Code

73012-6886

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 16 / 2011

Transaction ID : 33790897

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Rebecca E Hutson

Mailing Address One Waterway Ave #2406

City

The Woodlands

State

TX

Zip Code

77380-3468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 16 / 2011

Transaction ID : 33790899

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr James A Richardson

Mailing Address 2401 West 39Th St

City

Casper

State

WY

Zip Code

82604-5052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 16 / 2011

Transaction ID : 33790901

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Leslie Beard Miller

Mailing Address 16 Horseshoe Dr

City State Zip Code
 Ephrata PA 17522-8811

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 16 / 2011

Transaction ID : 33790916

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr Steven Alan Miller

Mailing Address 35228 Laflora Drive

City State Zip Code
 Yucaipa CA 92399-5120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 16 / 2011

Transaction ID : 33790917

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Thomas Howard Berenson

Mailing Address 13290 E 130 St, So

City State Zip Code
 Broken Arrow OK 74011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 16 / 2011

Transaction ID : 33790918

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

800.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Henry Allen Hull

Mailing Address 160 Timber Ridge Drive

City State Zip Code
 New Braunfels TX 78132-4640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 16 2011

Transaction ID : 33790919

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Dorothy L Hitchmoth

Mailing Address Po Box 302
 106 Davis Hill Road

City State Zip Code
 New London NH 03257-0302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 16 2011

Transaction ID : 33790930

Amount of Each Receipt this Period

166.00

Full Name (Last, First, Middle Initial)

C. Dr Paul W Beaver

Mailing Address 386 9Th Street Sw

City State Zip Code
 Sioux Center IA 51250-1366

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 16 2011

Transaction ID : 33790933

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

916.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jeffrey S Wigton

Mailing Address 217 Teakwood Rd

City

Butler

State

PA

Zip Code

16001-1973

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 16 / 2011

Transaction ID : 33790936

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Kevin L Alexander

Mailing Address 2116 Wildwood Court

City

Fullerton

State

CA

Zip Code

92831-1339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 20 / 2011

Transaction ID : 33792266

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Robert J Parks

Mailing Address 332 Sweet Allen Farm Rd

City

Wakefield

State

RI

Zip Code

02879-1492

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.55

Date of Receipt

09 / 20 / 2011

Transaction ID : 33792269

Amount of Each Receipt this Period

111.11

SUBTOTAL of Receipts This Page (optional)..... ►

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

661.11

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Michael E Bennett

Mailing Address 4940 Victoria Place

City State Zip Code
Guthrie OK 73044-8668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2011

Transaction ID : 33795292

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr David S Hays

Mailing Address 8720 52Nd St Ct W

City State Zip Code
University Pl WA 98467-1758

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2011

Transaction ID : 33795294

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

C. Dr Donald W Furman

Mailing Address 855 11Th St Place

City State Zip Code
Garner IA 50438-1847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2011

Transaction ID : 33795296

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

334.67

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Thomas L Lim

Mailing Address 1136 Thorntree Court

City

San Jose

State

CA

Zip Code

95120-1740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

09 / 21 / 2011

Transaction ID : 33795299

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr John Charles Fleming

Mailing Address 3468 Fern Canyon Rd

City

Jamul

State

CA

Zip Code

91935-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 20 / 2011

Transaction ID : 33795900

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Lynne p Noon

Mailing Address 6446-35 East Trailridge Circle

City

Mesa

State

AZ

Zip Code

85215-0810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 20 / 2011

Transaction ID : 33795902

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1041.67

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Irving C Wishnow

Mailing Address 5235 Braesvalley

City State Zip Code
Houston TX 77096-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2011

Transaction ID : 33795903

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr Michael R Parker

Mailing Address 24800 Tricia Drive

City State Zip Code
Westlake OH 44145-4922

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2011

Transaction ID : 33798469

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr James David Rowe

Mailing Address 702 East Bowie Street

City State Zip Code
Harlingen TX 78550-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2011

Transaction ID : 33798471

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

800.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Lori A Mazza

Mailing Address 1951 Richard Lane

City

West Palm Beach

State

FL

Zip Code

33406-6532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 20 / 2011

Transaction ID : 33798478

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Kurt W Blaettler

Mailing Address 1512 Nature'S Tr

City

Anderson

State

SC

Zip Code

29625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 20 / 2011

Transaction ID : 33798482

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Sharon Kelly Ellis

Mailing Address 4173 Providence Lane

City

Tucker

State

GA

Zip Code

30084-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 20 / 2011

Transaction ID : 33798488

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Larry L Forrest

Mailing Address 5863 Pintail Way

City State Zip Code
 Frederick CO 80504-9663

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 20 / 2011

Transaction ID : 33798492

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Philip M Perrino

Mailing Address 10 Grassy Hill Court

City State Zip Code
 Wallingford CT 06492-6005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 20 / 2011

Transaction ID : 33798494

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr William H Stephen

Mailing Address 4808 Tannery Ave.

City State Zip Code
 Tampa FL 33624-4532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 20 / 2011

Transaction ID : 33798495

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1115.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Shane B Fontenot

Mailing Address 702 May Street

City

Jennings

State

LA

Zip Code

70546-4846

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 20 / 2011

Transaction ID : 33798496

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Denver C Rushing

Mailing Address 1600 3Rd Sw

City

Ardmore

State

OK

Zip Code

73401-3222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 19 / 2011

Transaction ID : 33798502

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Patricia A Dorsey

Mailing Address 470 Road 180

City

Emporia

State

KS

Zip Code

66801-7640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 19 / 2011

Transaction ID : 33798503

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

715.00

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

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert A Colon

Mailing Address 160 Fir Street

City

State

Zip Code

Elko

NV

89801-3024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 19 / 2011

Transaction ID : 33798507

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Michael Robert Schmit

Mailing Address 5122 Breckenridge Drive

City

State

Zip Code

Cincinnati

OH

45247-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 19 / 2011

Transaction ID : 33798508

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

C. Dr Lorry W Lazenby

Mailing Address 3 Deer Run

City

State

Zip Code

Joplin

MO

64804-5832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 19 / 2011

Transaction ID : 33798509

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

990.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Matthew J Maki

Mailing Address 372 Split Rail Ridge

City State Zip Code
 Williamston MI 48895-1668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 22 / 2011

Transaction ID : 33798584

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr David K Talley

Mailing Address 1698 Brookside Drive

City State Zip Code
 Germantown TN 38138-2531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

09 / 22 / 2011

Transaction ID : 33798589

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Dr Blaine F Bird

Mailing Address 2001 E 775 S

City State Zip Code
 Springville UT 84663-3206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

09 / 22 / 2011

Transaction ID : 33798590

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

140.42

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert B Collins

Mailing Address 17700 S Angeline Ave Ne

City

Suquamish

State

WA

Zip Code

98392-9727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 21 / 2011

Transaction ID : 33798602

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr Matthew R Waner

Mailing Address 1002 Linda Court

City

Newport

State

NC

Zip Code

28570-9349

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 21 / 2011

Transaction ID : 33798612

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dr David A Johnson

Mailing Address 507 Rosedown Trace N

City

Peachtree City

State

GA

Zip Code

30269-3718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 21 / 2011

Transaction ID : 33798614

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1665.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Tracy J Waner

Mailing Address 1002 Linda Ct

City State Zip Code
 Newport NC 28570-9349

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 21 / 2011

Transaction ID : 33798618

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Charles Richard Gilliam

Mailing Address 515 Dorado Drive

City State Zip Code
 High Point NC 27265-8670

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 22 / 2011

Transaction ID : 33800671

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr Harald Vaher

Mailing Address 9217 Egret Ridge

City State Zip Code
 Belmont NC 28012-7636

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 20 / 2011

Transaction ID : 33806986

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1490.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Andrew J Kamenski

Mailing Address 708 Eider Ct

City

Grand Junction

State

CO

Zip Code

81505-9733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 20 / 2011

Transaction ID : 33806988

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr Kathleen E Goff

Mailing Address 114 Crested Peak

City

Santa Teresa

State

NM

Zip Code

88008-9423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.24

Date of Receipt

09 / 23 / 2011

Transaction ID : 33808072

Amount of Each Receipt this Period

86.36

Full Name (Last, First, Middle Initial)

C. Dr Joseph J Jordan Jr

Mailing Address 224 Laconia Rd

City

Tilton

State

NH

Zip Code

03276-5223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

09 / 23 / 2011

Transaction ID : 33808073

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)..... ►

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

553.03

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Barry J Barresi

Mailing Address 659 Spyglass Summit Drive

City State Zip Code
 Chesterfield MO 63017-2142

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 23 2011

Transaction ID : 33808074

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Martin H Carroll

Mailing Address 3700 Essex Road

City State Zip Code
 Cheyenne WY 82001-1641

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 23 2011

Transaction ID : 33808075

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Dr Cheryl T Stoker

Mailing Address 825 Parkway Dr

City State Zip Code
 Natchitoches LA 71457-5535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 23 2011

Transaction ID : 33808077

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

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

400.00

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

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

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Paul Anton Hodge

Mailing Address 3042 118Th Ave

City

Allegan

State

MI

Zip Code

49010-9555

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 23 / 2011

Transaction ID : 33808081

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Chris R Deibert

Mailing Address 8 Johnson Drive

City

Luray

State

VA

Zip Code

22835-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

09 / 23 / 2011

Transaction ID : 33808083

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Teresa M Seim

Mailing Address 75388 Vineyard Way

City

Lawton

State

MI

Zip Code

49065-8609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 24 / 2011

Transaction ID : 33809225

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

142.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Leon Michael Favede

Mailing Address 250 Harbel Drive

City

Saint Clairsville

State

OH

Zip Code

43950-1081

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2011

Transaction ID : 33809226

Amount of Each Receipt this Period

126.00

Full Name (Last, First, Middle Initial)

B. Dr Dennis M Brtva

Mailing Address 57 Pebblebrook Ct

City

Bloomington

State

IL

Zip Code

61705-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2011

Transaction ID : 33809227

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Dr Dori M Carlson

Mailing Address P O Box 0

City

Park River

State

ND

Zip Code

58270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1509.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2011

Transaction ID : 33809228

Amount of Each Receipt this Period

163.64

SUBTOTAL of Receipts This Page (optional)..... ►

374.64

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Steven Thomas Reed

Mailing Address 4550 Simpson Hwy 28 W

City

Magee

State

MS

Zip Code

39111-5187

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

09 / 24 / 2011

Transaction ID : 33809229

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. Dr Peter V Candela

Mailing Address P O Box 614

City

Blythewood

State

SC

Zip Code

29016-0614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

09 / 24 / 2011

Transaction ID : 33809230

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Dr Robert M Theaker

Mailing Address 12 Wyndemere Vale

City

Monterey

State

CA

Zip Code

93940-5811

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

09 / 25 / 2011

Transaction ID : 33809235

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

673.34

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Donald Lester Watson

Mailing Address 118 San Marco Drive

City

Tybee Island

State

GA

Zip Code

31328-9706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 25 / 2011

Transaction ID : 33809236

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Shannon C Franklin

Mailing Address 427 Cranberry Lane

City

Crozet

State

VA

Zip Code

22932-3160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 25 / 2011

Transaction ID : 33809237

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Ashley K Mc Ferron

Mailing Address 5079 W Sunset Dr

City

Lake Oswego

State

OR

Zip Code

97035-4253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

09 / 25 / 2011

Transaction ID : 33809239

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

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

141.67

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Beth A Kneib

Mailing Address 602 Nw 163Rd St

City
Shoreline

State
WA

Zip Code
98177-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2011

Transaction ID : 33809240

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Mario Joseph Contaldi

Mailing Address 7728 Mid-Cities Blvd

City

North Richland Hills

State

TX

Zip Code

76180-4621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.28

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2011

Transaction ID : 33809241

Amount of Each Receipt this Period

90.91

Full Name (Last, First, Middle Initial)

c. Dr Joe Wesley De Loach

Mailing Address 504 Edgelake Drive

City

Dallas

State

TX

Zip Code

75218-2111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

872.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2011

Transaction ID : 33809242

Amount of Each Receipt this Period

109.00

SUBTOTAL of Receipts This Page (optional)..... ►

241.58

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

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr John S Bowen

Mailing Address 2570 Northshore Blvd Ste 200

City

Flower Mound

State

TX

Zip Code

75028-8386

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

09 / 25 / 2011

Transaction ID : 33809243

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. Dr Stacie Layne Virden

Mailing Address 2432 Lake Air Drive

City

Waco

State

TX

Zip Code

76710-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.28

Date of Receipt

09 / 25 / 2011

Transaction ID : 33809244

Amount of Each Receipt this Period

90.91

Full Name (Last, First, Middle Initial)

C. Dr Richard L Talkington

Mailing Address 461 Pleasant St
P.O. Box 521

City

Franklin

State

NH

Zip Code

03235-1885

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

09 / 26 / 2011

Transaction ID : 33809271

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

274.91

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Pamela E Theriot

Mailing Address 3 Pebble Hill Road

City State Zip Code
 N Dewitt NY 13214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 26 / 2011

Transaction ID : 33809272

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Jonathan Toso

Mailing Address 1101 Angel Ln

City State Zip Code
 Canton SD 57013-2634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 26 / 2011

Transaction ID : 33809273

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

c. Dr D. Cory Rath

Mailing Address 10748 Sprucedale Ave

City State Zip Code
 Las Vegas NV 89144-4401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 26 / 2011

Transaction ID : 33809274

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

170.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Maryjane Healey

Mailing Address 6710 124Th Place Se

City State Zip Code
 Snohomish WA 98296-8649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 27 / 2011

Transaction ID : 33811103

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr C. Thomas Crooks III

Mailing Address 1229 Highland Lakes Trail

City State Zip Code
 Birmingham AL 35242-6886

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 27 / 2011

Transaction ID : 33811104

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Dr Peter Jeffrey Stein

Mailing Address 26 Arrowhead Drive

City State Zip Code
 Guilford CT 06437-3137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 23 / 2011

Transaction ID : 33811338

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

500.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Eric Orava

Mailing Address 641 - 41St St

City State Zip Code
 Brooklyn NY 11232-3138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 23 / 2011

Transaction ID : 33811341

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr David Wayne Harshberger

Mailing Address 652 N Main Street

City State Zip Code
 New Martinsville WV 26155-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 23 / 2011

Transaction ID : 33811343

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Murray Fingeret

Mailing Address 183 Lakeview Drive

City State Zip Code
 Hewlett NY 11557-1815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 23 / 2011

Transaction ID : 33811346

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1250.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Julie Kay Kueker

Mailing Address 11901 Westwood Lane

City

Highland

State

IL

Zip Code

62249-3863

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 23 / 2011

Transaction ID : 33811353

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Douglas M Wike

Mailing Address 6728 Sondra Drive

City

Dallas

State

TX

Zip Code

75214-3405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 23 / 2011

Transaction ID : 33811358

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Larry G Obie

Mailing Address 1330 12Th Ave

City

Havre

State

MT

Zip Code

59501-5401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 33811764

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

665.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Kathryn Dingley Gurney

Mailing Address 1285 Industry Rd

City State Zip Code
 Industry ME 04938-4545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 28 2011

Transaction ID : 33811766

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Kevin L Gee

Mailing Address 9119 Highway 6 #200

City State Zip Code
 Missouri City TX 77459-4876

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.19

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 28 2011

Transaction ID : 33811768

Amount of Each Receipt this Period

90.91

Full Name (Last, First, Middle Initial)

C. Dr Lillian T Kalaczinski

Mailing Address 7421 Treeline Dr Se

City State Zip Code
 Grand Rapids MI 49546-7465

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 28 2011

Transaction ID : 33811769

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

165.91

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

Use separate schedule(s)
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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr George W Hertneky

Mailing Address 16862 County Road 28

City State Zip Code
Brush CO 80723-9424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : 33811772

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Sue E Lowe

Mailing Address 1704 Skyline Drive

City State Zip Code
Laramie WY 82070-8932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : 33811773

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr Erica V Lukasko

Mailing Address 119 Constitution Dr

City State Zip Code
Lafayette LA 70503-6323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : 33811774

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

241.67

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Ron Benner

Mailing Address 1408 E Maryland

City

Laurel

State

MT

Zip Code

59044-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

09 / 28 / 2011

Transaction ID : 33811775

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Neil W Draisin

Mailing Address 21 Fairway Village Lane

City

Isle Of Palms

State

SC

Zip Code

29451-2732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.03

Date of Receipt

09 / 28 / 2011

Transaction ID : 33811776

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Dr Jennifer M Smith

Mailing Address 141 Sea Cotton Cir

City

Charleston

State

SC

Zip Code

29412-8296

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.03

Date of Receipt

09 / 28 / 2011

Transaction ID : 33811777

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

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

250.01

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert G Goerss

Mailing Address 3120 Brookford Drive

City

Saint Charles

State

MO

Zip Code

63303-6356

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 33811781

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Thomas J Landry

Mailing Address 9 Greenridge Drive

City

Painted Post

State

NY

Zip Code

14870-9388

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 33811782

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Trevor J Cleveland

Mailing Address 1610 Wilson Court

City

Eugene

State

OR

Zip Code

97402-3361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 33811784

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Lanny F Duclos Jr

Mailing Address 3795 Sunvalley

City

Grantsville

State

UT

Zip Code

84029-8512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : 33811786

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Michele R Haranin

Mailing Address 301 Concord Road

City

Dover

State

DE

Zip Code

19904-9100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : 33811787

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Craig M Brammer

Mailing Address P.O. Box 487

City

Crowley

State

LA

Zip Code

70527-0487

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : 33811789

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr William L Ratcliff

Mailing Address 530 10Th Street

City

Huntington

State

WV

Zip Code

25701-2222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 33811790

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Dr Heidi L Schefferly

Mailing Address 4877 W Territorial Rd

City

Rives Junction

State

MI

Zip Code

49277-9639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 33811791

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Dr Jan L Cooper

Mailing Address 101 Chandler West

City

Highland

State

CA

Zip Code

92346-5482

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.50

Date of Receipt

09 / 28 / 2011

Transaction ID : 33811794

Amount of Each Receipt this Period

187.50

SUBTOTAL of Receipts This Page (optional)..... ►

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

279.50

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Peter H Kehoe

Mailing Address 789 N Broad

City
Galesburg

State
IL

Zip Code
61401-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 33811795

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. Dr Lynn A Davis

Mailing Address 1424 Tiffany Lane Se

City
Rio Rancho

State
NM

Zip Code
87124-0976

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

09 / 28 / 2011

Transaction ID : 33811798

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Dr Jeffrey W Jones

Mailing Address 107 Northcastle St

City
Longview

State
TX

Zip Code
75604-3544

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

09 / 28 / 2011

Transaction ID : 33811801

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

341.68

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Bruce D Krutsinger

Mailing Address 15901 Tahoe Dr

City

Jersey Village

State

TX

Zip Code

77040-1243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : 33811802

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Dr Thomas A Lucas Jr

Mailing Address 2023 Sandy Point Road

City

Harker Heights

State

TX

Zip Code

76548-8680

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : 33811803

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Dr Mark T Mentzer

Mailing Address 2200 Blairs Ferry Crossing

City

Hiawatha

State

IA

Zip Code

52233-7900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : 33811804

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

196.68

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Bill Craig Thompson

Mailing Address 2905 Champlin Court

City State Zip Code
 Richardson TX 75082-4094

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 33811808

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Hilaire A Pressley

Mailing Address Pmb 443
 8635 W Sahara Avenue

City State Zip Code
 Las Vegas NV 89117-5858

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 33811811

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Dr John L Walters

Mailing Address 47 Mast Hill Road

City State Zip Code
 Saco ME 04072-9338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.84

Date of Receipt

09 / 28 / 2011

Transaction ID : 33811812

Amount of Each Receipt this Period

135.71

SUBTOTAL of Receipts This Page (optional)..... ►

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

445.71

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Andrea P Thau

Mailing Address 145 East 84Th St Apt 11A

City

New York

State

NY

Zip Code

10028-2058

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

09 / 28 / 2011

Transaction ID : 33811814

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Diane E Reddin

Mailing Address P O Box 66

City

Crawford

State

CO

Zip Code

81415-0066

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 33811818

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Douglas C Morrow

Mailing Address 903 Midway Dr

City

Auburn

State

IN

Zip Code

46706-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 33811820

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

666.67

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jeff D Miller

Mailing Address 706 Wedgewood

City

Stillwater

State

OK

Zip Code

74075-8241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : 33811920

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Dr Douglas J Walker

Mailing Address P O Box 988

City

Brookings

State

OR

Zip Code

97415-0021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : 33812530

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Dr Richard N Randolph

Mailing Address 1806 Nash St N

City

Wilson

State

NC

Zip Code

27893-1725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2011

Transaction ID : 33821173

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2275.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Lauren R Tobin

Mailing Address 1842 South Elm St

City State Zip Code
 Oceano CA 93445-9145

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 26 / 2011

Transaction ID : 33821180

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Julie Nei Carlson

Mailing Address 244 Moffett Rd

City State Zip Code
 Lake Bluff IL 60044-2814

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 26 / 2011

Transaction ID : 33821181

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Brian J Ballard

Mailing Address 4445 Country Club Ct

City State Zip Code
 Riverton WY 82501-6214

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 26 / 2011

Transaction ID : 33821182

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Carl A Swanson

Mailing Address 2604 6 Ave N

City

Great Falls

State

MT

Zip Code

59401-2004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

09 / 26 / 2011

Transaction ID : 33821186

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr LeRoy S Roberson

Mailing Address 40 Jackson Drive

City

Waynesville

State

NC

Zip Code

28786-4697

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 22 / 2011

Transaction ID : 33821215

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Robert D Magwire

Mailing Address 2312 Cromwell

City

Saint Maries

State

ID

Zip Code

83861-1373

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 22 / 2011

Transaction ID : 33821216

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

875.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr J. Scott Richardson

Mailing Address 142 Randall Road

City

Carroll

State

IA

Zip Code

51401-3637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 22 / 2011

Transaction ID : 33821218

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr Samuel F Wolfson

Mailing Address 4655 Vinewood Lane N

City

Plymouth

State

MN

Zip Code

55442-2336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

09 / 22 / 2011

Transaction ID : 33821220

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr James K Dean

Mailing Address 505 Bayhill Drive

City

Nampa

State

ID

Zip Code

83686-8209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 22 / 2011

Transaction ID : 33821221

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1100.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert A Sorensen

Mailing Address 11528 N Avondale Loop

City

Hayden

State

ID

Zip Code

83835-9142

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33824119

Amount of Each Receipt this Period

126.00

Full Name (Last, First, Middle Initial)

B. Dr Altagracia Lope Holler

Mailing Address 318 Wedgemere Street

City

Cary

State

NC

Zip Code

27519-5132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 27 / 2011

Transaction ID : 33824126

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr Orvil V Kimball Jr

Mailing Address 802 W Edgewood

City

Friendswood

State

TX

Zip Code

77546-4422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 27 / 2011

Transaction ID : 33824127

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

501.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Charles Sidney Ovitsky

Mailing Address 9141 N Karlov

City
Skokie

State
IL

Zip Code
60076-1717

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

09 / 27 / 2011

Transaction ID : 33824128

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Tasker N Rodman II

Mailing Address 5 Hyde Ct

City

Little Rock

State

AR

Zip Code

72212-2720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 27 / 2011

Transaction ID : 33824129

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Dr Dennis E Mathews

Mailing Address 1320 Carr Avenue

City

Memphis

State

TN

Zip Code

38104-4500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 27 / 2011

Transaction ID : 33824131

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1400.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Douglas W Johnson

Mailing Address 11400 N 6Th Avenue

City

Hillsboro

State

IL

Zip Code

62049-4402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 27 / 2011

Transaction ID : 33824137

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Michael J Haynes

Mailing Address 1460 Avant Road

City

West Monroe

State

LA

Zip Code

71291-7500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

09 / 27 / 2011

Transaction ID : 33824138

Amount of Each Receipt this Period

91.25

Full Name (Last, First, Middle Initial)

C. Dr Philip Thomas Williams

Mailing Address 21811 42Nd Drive Ne

City

Arlington

State

WA

Zip Code

98223-7278

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 27 / 2011

Transaction ID : 33824139

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

466.25

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert F Brooks

Mailing Address 1656 Stewart Lane

City Ashland State KY Zip Code 41102-7233

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

09 / 27 / 2011

Transaction ID : 33824140

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Kim Martin Kron

Mailing Address 7811 77Th Street Ne

City Marysville State WA Zip Code 98270-7841

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 27 / 2011

Transaction ID : 33824144

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Beverly B Miller

Mailing Address 19011 Old Baltimore Road

City Brookeville State MD Zip Code 20833-3223

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 27 / 2011

Transaction ID : 33824147

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1365.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Patti S Fuhr

Mailing Address 5720 11Th Ave South

City

Birmingham

State

AL

Zip Code

35222-4136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 27 / 2011

Transaction ID : 33824148

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Dr Melvyn S Mazer

Mailing Address 20 Dell Circle

City

Trumbull

State

CT

Zip Code

06611-2309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 33828071

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr B. Scott Fine

Mailing Address 170 Heatherstone Lane

City

Rochester

State

NY

Zip Code

14618-4866

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 28 / 2011

Transaction ID : 33828074

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

530.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Debbie S Coy

Mailing Address 3430 River Bend Place

City

Muskogee

State

OK

Zip Code

74403-2312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33833354

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Charles G Stevenson III

Mailing Address 66 Circle Drive

City

Defuniak Springs

State

FL

Zip Code

32435-2543

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33833360

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Kathy Lynn Shamblin

Mailing Address 3682 Annell Dr

City

Murfreesboro

State

TN

Zip Code

37127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33833369

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

875.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Frank W Di Chiara

Mailing Address 47 Belvedere Drive

City

Cranston

State

RI

Zip Code

02920-4503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2011

Transaction ID : 33833371

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Martin B Gresak

Mailing Address 562 Lakeland Ave

City

Morgantown

State

WV

Zip Code

26505-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2011

Transaction ID : 33833380

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr Rodney V Snow

Mailing Address 2277 Ridge Top Drive

City

Wadsworth

State

OH

Zip Code

44281-8172

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2011

Transaction ID : 33833386

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

650.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Scott David Mullane

Mailing Address 2054 Delanare Dr

City

Kingman

State

AZ

Zip Code

86401-6505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33836034

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Matthew R Downs

Mailing Address 20 Kelly Ct

City

North Mankato

State

MN

Zip Code

56003-3233

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33836036

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Glenn Morgan Cochran

Mailing Address 103 Patton Place

P O Box 690

City

Quitman

State

MS

Zip Code

39355-2649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33836037

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Douglas Curtis Clark

Mailing Address 2530 Woodfern Cir

City

Birmingham

State

AL

Zip Code

35244-6405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33836038

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr William H Ballinger

Mailing Address 2054 Cleveland Street Ext

City

Greenville

State

SC

Zip Code

29607-3604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

730.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33836039

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dr Vissett Scott Sun

Mailing Address 15507 Driftwood Oak Ct

City

Houston

State

TX

Zip Code

77059-5831

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33841065

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1365.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Thomas A Vogelpohl

Mailing Address 670 W Wentworth

City

Mendota Heights

State

MN

Zip Code

55118-2830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33841069

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Gregory K Wacasey

Mailing Address 325 Fox Glove Lane

City

Longview

State

TX

Zip Code

75605-6859

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33841070

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Wade A Walls

Mailing Address 600 North Elm Street

City

Miami

State

OK

Zip Code

74354-6908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33841071

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

875.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jeffrey S Nevitt

Mailing Address 545 Ballentine

City

Raymond

State

WA

Zip Code

98577-3601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33841073

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr William J Milford IV

Mailing Address 2804 Rambing Path

City

Anderson

State

SC

Zip Code

29621-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33841076

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Rich Hansen Humpherys

Mailing Address 691 East 3125 North

City

North Ogden

State

UT

Zip Code

84414-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33841082

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

950.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Richard G Johnson

Mailing Address 137 Lake Shore Drive

City Benson State NC Zip Code 27504-6899

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33841084

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Margaret Placen Johnston

Mailing Address 7405 Old Dominion Dr

City Mc Lean State VA Zip Code 22101-2723

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33841085

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Kevin K Lui

Mailing Address 927 Ikena Cir

City Honolulu State HI Zip Code 96821-2555

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33841087

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Ronald M Gilbert

Mailing Address 8201 Elmway Drive

City

Dayton

State

OH

Zip Code

45415-1604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33841089

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr David T Gubman

Mailing Address 9 Cobblestone Rd

City

Cherry Hill

State

NJ

Zip Code

08003-1420

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33841092

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr Grant D Gwinner

Mailing Address P O Box 339

City

Ellsworth

State

KS

Zip Code

67439-0339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33841093

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

625.00

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

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

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(check only one)

PAGE 101 OF 124

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Sherri M Egashira

Mailing Address 16091 Agatewood Rd Ne

City

Bainbridge Is

State

WA

Zip Code

98110-1062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33841094

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Wiley Curtis

Mailing Address 3340 Thorntree Court

City

Arlington

State

TX

Zip Code

76016-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33841097

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Dennis Bryan Cave

Mailing Address 6009 Mountain View Drive

City

Snyder

State

TX

Zip Code

79549-1059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33841103

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

875.00

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

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for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Diane G Wilson

Mailing Address #7 Huntleigh Woods

City State Zip Code
 Barnhart MO 63012-1349

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 29 / 2011

Transaction ID : 33841105

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Alice C Sun

Mailing Address 480 Rice Hope Dr

City State Zip Code
 Mt Pleasant SC 29464-9273

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 29 / 2011

Transaction ID : 33841107

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr James D Jaco

Mailing Address 3355 Wadesboro Rd S

City State Zip Code
 Benton KY 42025-4833

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 29 / 2011

Transaction ID : 33841110

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1300.00

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

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

FOR LINE NUMBER: PAGE 103 OF 124
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Della K Simmons

Mailing Address 2302 Milo Ave

City

Albert Lea

State

MN

Zip Code

56007-3363

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 29 / 2011

Transaction ID : 33841120

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Timothy D Johnson

Mailing Address 12 Northridge Rd
P O Box 517

City

Bellows Falls

State

VT

Zip Code

05101-3126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

135.00

Date of Receipt

09 / 30 / 2011

Transaction ID : 33841229

Amount of Each Receipt this Period

135.00

Full Name (Last, First, Middle Initial)

C. Dr Timothy D Johnson

Mailing Address 12 Northridge Rd
P O Box 517

City

Bellows Falls

State

VT

Zip Code

05101-3126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

635.00

Date of Receipt

09 / 30 / 2011

Transaction ID : 33841231

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Daniel L Tiller

Mailing Address 324 Mountain View Dr

City

Nampa

State

ID

Zip Code

83686-8868

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

09 / 30 / 2011

Transaction ID : 33841232

Amount of Each Receipt this Period

232.00

Full Name (Last, First, Middle Initial)

B. Dr Cynthia A Cid

Mailing Address 217 Saddle Mountain Rd

City

Colorado Spgs

State

CO

Zip Code

80919-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2011

Transaction ID : 33841233

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Charles George Beier

Mailing Address 4816 Sw West Hills Dr

City

Topeka

State

KS

Zip Code

66606-2244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

09 / 30 / 2011

Transaction ID : 33853589

Amount of Each Receipt this Period

366.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1098.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Dorothy E Mark

Mailing Address 859 Century 21 Drive

City

Jacksonville

State

FL

Zip Code

32216-9269

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2011

Transaction ID : 33853594

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Mark David Sturgis

Mailing Address 106 Natsisky Farm Road

City

South Windsor

State

CT

Zip Code

06074-1833

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 30 / 2011

Transaction ID : 33853595

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Michael M Kwarcinski

Mailing Address 233 Linwood Road

City

Sterrett

State

AL

Zip Code

35147-7026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2011

Transaction ID : 33853596

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

625.00

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Kimberly A Molacek

Mailing Address 13738 208Th Street

City
Milaca

State
MN

Zip Code
56353-3084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2011

Transaction ID : 33853597

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Craig Kevin Small

Mailing Address Csmall MAINOEYEDOCTORS.COM

City
Caribou

State
ME

Zip Code
04736

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2011

Transaction ID : 33853599

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Bradley A Frederickson

Mailing Address 2725 13Th St PI Sw

City
Puyallup

State
WA

Zip Code
98373-6041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 30 / 2011

Transaction ID : 33853602

Amount of Each Receipt this Period

360.00

SUBTOTAL of Receipts This Page (optional)..... ►

735.00

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

62737.99

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

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

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. United Bank

Mailing Address 3801 Wilson Blvd.

City

Arlington

State

VA

Zip Code

22203-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

224.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2011

Transaction ID : 33864119

Amount of Each Receipt this Period

37.81

Bank Interest

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 790251

City

St. Louis

State

MO

Zip Code

63179

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

216.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : 33865675

Amount of Each Receipt this Period

22.03

Bank Interest

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

59.84

59.84

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wachovia Federal

Mailing Address 1650 Tyson Blvd.

City McLean State VA Zip Code 22102

Purpose of Disbursement
Bank Fee

001

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 12 2011
Transaction ID : 33864360

Amount of Each Disbursement this Period

705.33

Bank Fee

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Bank Fee

001

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 01 2011
Transaction ID : 33865676

Amount of Each Disbursement this Period

1471.72

Bank Fee

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Bank Fee

001

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 15 2011
Transaction ID : 33865677

Amount of Each Disbursement this Period

181.16

Bank Fee

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2358.21

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 109 OF 124

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
American Express Fee

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2011
Transaction ID : 33865678

Amount of Each Disbursement this Period

335.91

American Express Fee

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

335.91

2694.12

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 110 OF 124

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Moore For Congress

Mailing Address PO Box 16646

City Milwaukee	State WI	Zip Code 53216
-------------------	-------------	-------------------

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Gwendolynne MooreOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2011

Transaction ID : 33711004

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Langevin For Congress

Mailing Address 181a Knight Street

City Warwick	State RI	Zip Code 02886
-----------------	-------------	-------------------

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. James R. LangevinOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2011

Transaction ID : 33724914

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Jim Clyburn

Mailing Address PO Box 12567

City Columbia	State SC	Zip Code 29211
------------------	-------------	-------------------

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. James E. ClyburnOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2011

Transaction ID : 33752613

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Upton For All Of Us

Mailing Address P.O. Box 490

City	State	Zip Code
St. Joseph	MI	49085

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Frederick Stephen Upton

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	--

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2011

Transaction ID : 33752615

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Upton For All Of Us

Mailing Address P.O. Box 490

City	State	Zip Code
St. Joseph	MI	49085

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Frederick Stephen Upton

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2011

Transaction ID : 33752616

Amount of Each Disbursement this Period

3000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Nunnelee For CongressMailing Address 438 East Main St
PO Box 7092

City	State	Zip Code
Tupelo	MS	38802

Purpose of Disbursement

Candidate Name

Rep. Alan Nunnelee

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: MS District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2011

Transaction ID : 33752694

Amount of Each Disbursement this Period

2500.00

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

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. ERIC PAC - Every Republican is Crucial PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2011

Mailing Address 4914 Fitzhugh Avenue
Suite 200

City Richmond State VA Zip Code 23230

Purpose of Disbursement
Committee Contribution

011

Transaction ID : 33752712

Amount of Each Disbursement this Period

5000.00

Candidate Name

ERIC PAC - Every Republican is Crucial PACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Committee Contribution

Full Name (Last, First, Middle Initial)

B. Johanss For Senate Incorporated

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2011

Mailing Address 5555 South Street

City Lincoln State NE Zip Code 68506

Purpose of Disbursement
Candidate Contribution

011

Transaction ID : 33752714

Amount of Each Disbursement this Period

1000.00

Candidate Name

Mr. Michael JohanssCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District:

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Sessions Senate Committee Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2011

Mailing Address P O Box 4278

City Montgomery State AL Zip Code 36103

Purpose of Disbursement
Candidate Contribution

011

Transaction ID : 33754584

Amount of Each Disbursement this Period

1000.00

Candidate Name

Sen. Jeff SessionsCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District:

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Menendez For Senate

Mailing Address One Gateway Center Suite 520

City Newark	State NJ	Zip Code 07102
----------------	-------------	-------------------

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Sen. Robert MenendezCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2011

Transaction ID : 33754587

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. JAZZ PACMailing Address 607 - 14th Street, NW
Suite 800

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Disbursement
Committee Contribution

011

Candidate Name

JAZZ PACCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2011

Transaction ID : 33754588

Amount of Each Disbursement this Period

1000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

C. Menendez For Senate

Mailing Address One Gateway Center Suite 520

City Newark	State NJ	Zip Code 07102
----------------	-------------	-------------------

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Sen. Robert MenendezCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2011

Transaction ID : 33758862

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cicilline Committee

Mailing Address 118 N Main St, Suite 2

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement
Candidate Contribution

Candidate Name

Mr. David Cicilline

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: RI	District: 01

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2011

Transaction ID : 33758863

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Martin Heinrich For Senate

Mailing Address P.O. Box 25763

City	State	Zip Code
Albuquerque	NM	87125

Purpose of Disbursement
Candidate Contribution

Candidate Name

Mr. Martin Heinrich

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: NM	District:

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2011

Transaction ID : 33760073

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Martin Heinrich For Senate

Mailing Address P.O. Box 25763

City	State	Zip Code
Albuquerque	NM	87125

Purpose of Disbursement
Candidate Contribution

Candidate Name

Mr. Martin Heinrich

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: NM	District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2011

Transaction ID : 33760076

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. CHC Bold Pac

Mailing Address 1831 Bay Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Committee Contribution

011

Candidate Name

CHC Bold PacCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2011

Transaction ID : 33760088

Amount of Each Disbursement this Period

5000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

B. Ed Royce For Congress

Mailing Address PO Box 2525

City
OrangeState
CAZip Code
92859Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Edward R. RoyceCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 40

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : 33761933

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Larson For Congress

Mailing Address PO Box 479

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. John B. LarsonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: CT

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2011

Transaction ID : 33792496

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

8500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Courtney For Congress

Mailing Address 38 Risley Road

City
VernonState
CTZip Code
06066Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Joseph D. CourtneyCategory/
Type

Office Sought:



House



Senate



President

Disbursement For: 2012



Primary



General



Other (specify) ▼

State: CT

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2011

Transaction ID : 33792498

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Pompeo For Congress Inc

Mailing Address PO Box 780146

City
WichitaState
KSZip Code
67212Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Mike PompeoCategory/
Type

Office Sought:



House



Senate



President

Disbursement For: 2012



Primary



General



Other (specify) ▼

State: KS

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2011

Transaction ID : 33792502

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. NELPACMailing Address 73 Tremont Street
Suite 306City
BostonState
MAZip Code
02108Purpose of Disbursement
Committee Contribution

011

Candidate Name

NELPACCategory/
Type

Office Sought:



House



Senate



President

Disbursement For:



Primary



General



Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2011

Transaction ID : 33792504

Amount of Each Disbursement this Period

5000.00

Committee Contribution

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

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steve Austria For Congress

Mailing Address P O Box 2970

City	State	Zip Code
Springfield	OH	45501

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Steve AustriaOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2011

Transaction ID : 33812142

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Rob Wittman For Congress

Mailing Address P.O. Box 999

City	State	Zip Code
Montross	VA	22520

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Robert J. WittmanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2011

Transaction ID : 33812234

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Senate Conservatives FundMailing Address 228 S. Washington St.
Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Committee Contribution

Candidate Name

Senate Conservatives FundOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2011

Transaction ID : 33812245

Amount of Each Disbursement this Period

1500.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tiberi For CongressMailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Patrick J. TiberiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Transaction ID : 33812251

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Paul Gosar For Congress

Mailing Address P.O. Box 3586

City Flagstaff State AZ Zip Code 86003

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Paul GosarOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Transaction ID : 33812252

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Bachus For Congress Committee

Mailing Address P.O. Box 131134

City Birmingham State AL Zip Code 35213

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Spencer Thomas Bachus IIIOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Transaction ID : 33812268

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pallone For Congress

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Frank Pallone Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Transaction ID : 33812269

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City	State	Zip Code
Jenkintown	PA	19046

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Allyson Y. SchwartzOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Transaction ID : 33812286

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Pascrell For Congress

Mailing Address P.O. Box 640

City	State	Zip Code
Totowa	NJ	07511

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. William J. Pascrell Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2011

Transaction ID : 33812455

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ben Cardin For Senate

Mailing Address P.O. Box 21093

City	State	Zip Code
Catonsville	MD	21228

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Sen. Benjamin CardinCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2011

Transaction ID : 33812456

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Carper For Senate

Mailing Address 19 East Commons Blvd Second Floor

City	State	Zip Code
New Castle	DE	19720

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Sen. Thomas R. CarperCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: DE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2011

Transaction ID : 33812515

Amount of Each Disbursement this Period

4000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Carper For Senate

Mailing Address 19 East Commons Blvd Second Floor

City	State	Zip Code
New Castle	DE	19720

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Sen. Thomas R. CarperCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: DE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2011

Transaction ID : 33812516

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 121 OF 124

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Braley For Congress

Mailing Address PO Box 390

City Waterloo	State IA	Zip Code 50704
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Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Bruce BraleyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2011

Transaction ID : 33812517

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Bob Casey For Pennsylvania Committee

Mailing Address PO Box 22469

City Philadelphia	State PA	Zip Code 19110
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Purpose of Disbursement
Candidate Contribution

Candidate Name

Mr. Bob CaseyOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2011

Transaction ID : 33823297

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Larry Kissell For CongressMailing Address 106 East Main Street
PO Box 1530

City Biscoe	State NC	Zip Code 27209
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Purpose of Disbursement
Candidate Contribution

Candidate Name

Mr. Larry KissellOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2011

Transaction ID : 33823324

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 122 OF 124

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Diana Degette For Congress

Mailing Address P.O. Box 61337

City Denver	State CO	Zip Code 80206
----------------	-------------	-------------------

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Diana DeGette

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CO	District: 01

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2011

Transaction ID : 33823325

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. John Tierney For Congress

Mailing Address 49 Federal Street

City Salem	State MA	Zip Code 01970
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Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. John F. Tierney

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MA	District: 06

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2011

Transaction ID : 33823326

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Loeb sack For Congress

Mailing Address PO Box 2720

City Cedar Rapids	State IA	Zip Code 52406
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Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. David Wayne Loeb sack

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IA	District: 02

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2011

Transaction ID : 33823327

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Candice Miller For Congress

Mailing Address P.O. Box 182152

City	State	Zip Code
Shelby Township	MI	48318

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Candice S. MillerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2011

Transaction ID : 33823328

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Lofgren For Congress

Mailing Address 123 E. San Carlos St., #531

City	State	Zip Code
San Jose	CA	95112

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Zoe LofgrenCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2011

Transaction ID : 33823329

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Mike McIntyre For Congress

Mailing Address P.O. Box 1

City	State	Zip Code
Lumberton	NC	28359

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Mike McIntyreCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2011

Transaction ID : 33823330

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

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

5000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 124 OF 124

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bill Johnson For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2011

Mailing Address P.O. Box 14496

City	State	Zip Code
Poland	OH	44514

Transaction ID : 33824535Purpose of Disbursement
Candidate Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Bill JohnsonCategory/
Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Candidate Contribution

State: OH District: 06

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

88000.00