

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) 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 / D D / 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 / D D / Y Y Y Y Y Y in the State of

5. Covering Period 11 / 27 / 2012 through 12 / 31 / 2012

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 03 / 01 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Optometric Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		683843.90
(b) Cash on Hand at Beginning of Reporting Period.....	444011.00	
(c) Total Receipts (from Line 19)	61506.67	897151.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	505517.67	1580995.82
7. Total Disbursements (from Line 31).....	17664.69	1093142.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	487852.98	487852.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Optometric Association Political Action Committee

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

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).....	44638.52	589344.50
(ii) Unitemized	16810.31	306370.22
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	61448.83	895714.72
(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)	61448.83	895714.72
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	57.84	437.20
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))..... ▶	61506.67	897151.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	61506.67	897151.92

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2664.69	59502.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2664.69	59502.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	912750.00
24. Independent Expenditures (use Schedule E)	0.00	100000.00
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	890.00
(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	890.00
29. Other Disbursements	0.00	20000.00
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)) ..	17664.69	1093142.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17664.69	1093142.84

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)	61448.83	895714.72
34. Total Contribution Refunds (from Line 28(d))	0.00	890.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61448.83	894824.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2664.69	59502.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2664.69	59502.84

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 118
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

A. Dr C. Thomas Crooks III
Full Name (Last, First, Middle Initial)

Mailing Address 1229 Highland Lakes Trl

City Birmingham	State AL	Zip Code 35242-6886
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	27	/	2012

Transaction ID : 35525455

Amount of Each Receipt this Period
50.00

B. Dr Thomas E Nye
Full Name (Last, First, Middle Initial)

Mailing Address 42 Tabor Ln

City Hamilton	State OH	Zip Code 45013-5118
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	27	/	2012

Transaction ID : 35525456

Amount of Each Receipt this Period
100.00

C. Dr Maryjane Healey
Full Name (Last, First, Middle Initial)

Mailing Address 6710 124Th Pl Se

City Snohomish	State WA	Zip Code 98296-8649
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
2200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	27	/	2012

Transaction ID : 35525457

Amount of Each Receipt this Period
200.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Katherine Cragon

Mailing Address 1104 Appalachee Dr Se

City Huntsville State AL Zip Code 35801-2203

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 ▼
1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2012

Transaction ID : 35525539

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Dr Kevin L Gee

Mailing Address

City State Zip Code

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 ▼
1000.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : 35540835

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 Grand Rapids State MI Zip Code 49546-7465

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 ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : 35540836

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	1115.91
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 118
	<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 Sue E Lowe			Date of Receipt
Mailing Address 1704 Skyline Rd			<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : 35540837
Laramie	WY	82070-8932	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="166.67"/>
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1833.37"/>	

Full Name (Last, First, Middle Initial) B. Dr Ron Benner			Date of Receipt
Mailing Address 1408 E Maryland Ln			<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : 35540839
Laurel	MT	59044-2238	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="166.67"/>
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1833.37"/>	

Full Name (Last, First, Middle Initial) C. Dr Neil W Draisin			Date of Receipt
Mailing Address 21 Fairway Village Ln			<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : 35540840
Isle Of Palms	SC	29451-2732	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="41.67"/>
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="458.37"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="375.01"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Jennifer M. Smi Zolman
 Full Name (Last, First, Middle Initial)
 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 General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : 35540841
 Amount of Each Receipt this Period
 41.67

B. Dr Sarah L Lopper
 Full Name (Last, First, Middle Initial)
 Mailing Address 3827 Paxton Ave Apt 635
 City Cincinnati State OH Zip Code 45209-2417
 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 ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : 35540842
 Amount of Each Receipt this Period
 20.00

C. Dr Robert G Goerss
 Full Name (Last, First, Middle Initial)
 Mailing Address 3120 Brookford Dr
 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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : 35540843
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	111.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Trevor J Cleveland
Full Name (Last, First, Middle Initial)

Mailing Address 1610 Wilson Ct

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 ▼ **550.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 28 / 2012

Transaction ID : 35540845

Amount of Each Receipt this Period
50.00

B. Dr Lanny F Duclos Jr
Full Name (Last, First, Middle Initial)

Mailing Address 3795 Sun Valley Dr

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 General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 28 / 2012

Transaction ID : 35540846

Amount of Each Receipt this Period
50.00

C. Dr William L Ratcliff
Full Name (Last, First, Middle Initial)

Mailing Address 530 10Th St

City Huntington State WV Zip Code 25701-2222

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 28 / 2012

Transaction ID : 35540847

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **142.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Dr Peter H Kehoe		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2012 Transaction ID : 35540849
Mailing Address 789 N Broad St		Amount of Each Receipt this Period 175.00
City Galesburg	State IL	Zip Code 61401-2766
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1925.00	

Full Name (Last, First, Middle Initial) B. Dr Lynn A Davis		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2012 Transaction ID : 35540850
Mailing Address 6546 Jacal Ct Nw		Amount of Each Receipt this Period 83.34
City Albuquerque	State NM	Zip Code 87114-6120
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.74	

Full Name (Last, First, Middle Initial) C. Dr Diana W Gilbert		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2012 Transaction ID : 35540851
Mailing Address 8629 N Pavillion		Amount of Each Receipt this Period 20.00
City West Chester	State OH	Zip Code 45069-4885
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional).....▶	278.34
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 118
(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 Dean E Riskedahl

Mailing Address 2092 32Nd Ave Ne

City Issaquah State WA Zip Code 98029-7349

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 ▼
 275.00

Date of Receipt
 11 / 28 / 2012
Transaction ID : 35540852

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Dr John L Walters

Mailing Address 47 Mast Hill Rd

City Saco State ME Zip Code 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 ▼
 499.68

Date of Receipt
 11 / 28 / 2012
Transaction ID : 35540853

Amount of Each Receipt this Period
 37.00

Full Name (Last, First, Middle Initial)
C. Dr Andrea P Thau

Mailing Address 145 E 84Th St Apt 11A

City New York State NY Zip Code 10028-2058

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1833.37

Date of Receipt
 11 / 28 / 2012
Transaction ID : 35540854

Amount of Each Receipt this Period
 166.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 228.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 118
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr Daniel L Gauerke
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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
11 / 28 / 2012

Transaction ID : 35540855

Amount of Each Receipt this Period
200.00

B. Dr Paul W Bohac
Full Name (Last, First, Middle Initial)

Mailing Address 5775 Wyncliff Rd

City State Zip Code
N Charleston SC 29418-5220

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 ▼ **366.74**

Date of Receipt
11 / 28 / 2012

Transaction ID : 35540856

Amount of Each Receipt this Period
33.34

c. Dr Douglas J Walker
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 988

City State Zip Code
Brookings OR 97415-0021

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 ▼ **275.00**

Date of Receipt
11 / 28 / 2012

Transaction ID : 35540857

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	78.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr Thomas A Lucas Jr		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2012 Transaction ID : 35540863
Mailing Address 2023 Sandy Point Rd		Amount of Each Receipt this Period 200.00
City Harker Hts	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	

Full Name (Last, First, Middle Initial) B. Dr Kathleen E Goff		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2012 Transaction ID : 35540864
Mailing Address 114 Crested Peak Ct		Amount of Each Receipt this Period 83.34
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 919.76	

Full Name (Last, First, Middle Initial) C. Dr Richard Edlow		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2012 Transaction ID : 35540865
Mailing Address 8913 Griffin Way		Amount of Each Receipt this Period 91.00
City Baltimore	State MD	Zip Code 21208-1424
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00	

SUBTOTAL of Receipts This Page (optional).....▶	374.34
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 118
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Carey A Patrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 970 Patrician Ct
 City Fairview State TX Zip Code 75069-8781
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : 35540867
 Amount of Each Receipt this Period
 100.00

B. Dr Derek J Louie
 Full Name (Last, First, Middle Initial)
 Mailing Address 5079 W Sunset Drive
 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 ▼ 302.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : 35540868
 Amount of Each Receipt this Period
 42.00

C. Dr Steven Leon Haleo
 Full Name (Last, First, Middle Initial)
 Mailing Address 458 Cranborne Chase
 City Fort Mill State SC Zip Code 29708-7922
 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 ▼ 291.26

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : 35540873
 Amount of Each Receipt this Period
 30.42

SUBTOTAL of Receipts This Page (optional)..... ▶ 172.42
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Michael E Bennett
Full Name (Last, First, Middle Initial)

Mailing Address 4940 Victoria Pl

City Guthrie State OK Zip Code 73044-8668

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 ▼
1833.37

Date of Receipt
11 / 28 / 2012

Transaction ID : 35540874

Amount of Each Receipt this Period
166.67

B. Dr Hilaire A Pressley
Full Name (Last, First, Middle Initial)

Mailing Address 8635 W Sahara Ave
Pmb 443

City Las Vegas State NV Zip Code 89117-5858

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 ▼
650.00

Date of Receipt
11 / 28 / 2012

Transaction ID : 35540875

Amount of Each Receipt this Period
50.00

C. Dr Joseph M Bannon
Full Name (Last, First, Middle Initial)

Mailing Address 211 Greentree Dr

City Saint Clairsville State OH Zip Code 43950-1443

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
11 / 28 / 2012

Transaction ID : 35546559

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **466.67**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Jeffrey A Wilson
Full Name (Last, First, Middle Initial)
Mailing Address 1460 N Riverbend Dr
City Green River State WY Zip Code 82935-6308
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 11 / 28 / 2012
Transaction ID : 35546560
Amount of Each Receipt this Period 250.00

B. Dr Barbara A Scheetz
Full Name (Last, First, Middle Initial)
Mailing Address 28926 360Th St
City Van Meter State IA Zip Code 50261-6015
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 12 / 01 / 2012
Transaction ID : 35553832
Amount of Each Receipt this Period 25.00

C. Dr Peter Charles Dubin
Full Name (Last, First, Middle Initial)
Mailing Address 3397 Charleston Hwy
City Walterboro State SC Zip Code 29488-6122
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 12 / 01 / 2012
Transaction ID : 35553833
Amount of Each Receipt this Period 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr Gabrielle W Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address 2463 Nw 1St St
 City Bend State OR Zip Code 97701-1246
 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 **12 / 02 / 2012**
Transaction ID : 35553869
 Amount of Each Receipt this Period **50.00**

B. Dr Kathleen E Powell
 Full Name (Last, First, Middle Initial)
 Mailing Address 9710 Copper Dr
 City Anchorage State AK Zip Code 99507-1226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1020.00**

Date of Receipt **12 / 03 / 2012**
Transaction ID : 35566742
 Amount of Each Receipt this Period **85.00**

C. Dr Philip J Gross
 Full Name (Last, First, Middle Initial)
 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 **600.00**

Date of Receipt **12 / 03 / 2012**
Transaction ID : 35566743
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional).....	185.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr Robert L Jarrell III
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 Cedar Hill Rd Ne
 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 **2000.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2012
Transaction ID : 35566744
 Amount of Each Receipt this Period
166.67

B. Dr George W Hertneky
 Full Name (Last, First, Middle Initial)
 Mailing Address 16862 County Road 28
 City Brush State CO Zip Code 80723-9424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2012
Transaction ID : 35566745
 Amount of Each Receipt this Period
50.00

C. Dr Stanley Woo
 Full Name (Last, First, Middle Initial)
 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 **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2012
Transaction ID : 35569181
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	466.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Jon Frederick Pederson			Date of Receipt 12 / 04 / 2012 Transaction ID : 35569182
Mailing Address 1025 Milwaukee St			Amount of Each Receipt this Period 50.00
City Denver	State CO	Zip Code 80206-3337	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 600.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr Abie R Chadderdon			Date of Receipt 12 / 04 / 2012 Transaction ID : 35569183
Mailing Address 2005 Timberline Rd			Amount of Each Receipt this Period 333.34
City Marshalltown	State IA	Zip Code 50158-3865	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 2000.02
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr Harvey B Richman FAAO			Date of Receipt 12 / 04 / 2012 Transaction ID : 35569184
Mailing Address 136 Main St			Amount of Each Receipt this Period 41.67
City Manasquan	State NJ	Zip Code 08736-3558	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.04
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	425.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Melissa S Leach
Full Name (Last, First, Middle Initial)

Mailing Address 60525 Sandy Ridge Rd

City State Zip Code
Barnesville OH 43713-9334

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
11 / 30 / 2012

Transaction ID : 35569359

Amount of Each Receipt this Period
125.00

B. Dr Harry Walter Wiessner
Full Name (Last, First, Middle Initial)

Mailing Address 120 Bussell Rd

City State Zip Code
Walla Walla WA 99362-8072

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 ▼
325.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2012

Transaction ID : 35569360

Amount of Each Receipt this Period
125.00

C. Dr Mary Rita Sheehy
Full Name (Last, First, Middle Initial)

Mailing Address 2 Cleveland Dr

City State Zip Code
Poughkeepsie NY 12601-6002

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
11 / 30 / 2012

Transaction ID : 35569362

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Stephen A Beckerman
Full Name (Last, First, Middle Initial)

Mailing Address 1465 Gordon Ter

City Deerfield State IL Zip Code 60015-4738

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 11 / 30 / 2012
Transaction ID : 35569363

Amount of Each Receipt this Period 250.00

B. Dr Adrian Tenorio
Full Name (Last, First, Middle Initial)

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 ▼ 300.00

Date of Receipt 12 / 05 / 2012
Transaction ID : 35584788

Amount of Each Receipt this Period 25.00

C. Dr Clarke Newman
Full Name (Last, First, Middle Initial)

Mailing Address 3311 Throckmorton St. Apt A4

City Dallas State TX Zip Code 75219-3663

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 ▼ 3000.00

Date of Receipt 12 / 05 / 2012
Transaction ID : 35584789

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr John D Coble		Date of Receipt 12 / 06 / 2012 Transaction ID : 35605696
Mailing Address 1501 Sunset Hill Dr		Amount of Each Receipt this Period 83.35
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.20	

Full Name (Last, First, Middle Initial) B. Dr Andrew Ray Adamich		Date of Receipt 12 / 06 / 2012 Transaction ID : 35605697
Mailing Address Po Box 711		Amount of Each Receipt this Period 50.00
City Gunnison	State CO	Zip Code 81230-0711
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Dr Jason A Ricks		Date of Receipt 12 / 06 / 2012 Transaction ID : 35605698
Mailing Address 108 Agate Dr		Amount of Each Receipt this Period 30.42
City Lewistown	State MT	Zip Code 59457-3202
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.52	

SUBTOTAL of Receipts This Page (optional).....▶	163.77
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Jeremy M Durham
 Full Name (Last, First, Middle Initial)
 Mailing Address 1233 N Seasons Ct
 City Goddard State KS Zip Code 67052-8534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : 35607565
 Amount of Each Receipt this Period
 50.00

B. Dr Sean Michael Stevens
 Full Name (Last, First, Middle Initial)
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2012
Transaction ID : 35612134
 Amount of Each Receipt this Period
 125.00

C. Dr Rebecca H Wartman
 Full Name (Last, First, Middle Initial)
 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 ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2012
Transaction ID : 35612135
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Terry L Kirkland
Full Name (Last, First, Middle Initial)

Mailing Address 4414 Barbados

City State Zip Code
Wichita Falls TX 76308-4036

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
12 / 08 / 2012
Transaction ID : 35612136

Amount of Each Receipt this Period
25.00

B. Dr Robert Nyre
Full Name (Last, First, Middle Initial)

Mailing Address 2505 10th Ave Nw

City State Zip Code
Minot ND 58703-1754

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 ▼
480.00

Date of Receipt
12 / 08 / 2012
Transaction ID : 35612137

Amount of Each Receipt this Period
40.00

C. Dr Dawn Marie Miller
Full Name (Last, First, Middle Initial)

Mailing Address 3004 E Lake Hill Dr

City State Zip Code
Orange CA 92867-1910

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
12 / 08 / 2012
Transaction ID : 35612138

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: (check only one)	PAGE 26 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr William Thomas Reynolds Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 La Rose Ct
 City Richmond State KY Zip Code 40475-7855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2012
Transaction ID : 35612139
 Amount of Each Receipt this Period
 190.48

B. Dr Geoffrey Goodfellow
 Full Name (Last, First, Middle Initial)
 Mailing Address 260 Aspen Dr
 City Beecher State IL Zip Code 60401-5123
 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 ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2012
Transaction ID : 35612140
 Amount of Each Receipt this Period
 25.00

C. Dr William Drost Altig
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 County Road 4856
 City Newark State TX Zip Code 76071-3404
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2012
Transaction ID : 35618574
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	715.48
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Tracie M King
Full Name (Last, First, Middle Initial)

Mailing Address 1323 S Hanover St

City Baltimore State MD Zip Code 21230-4220

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 ▼ 1000.00

Date of Receipt 12 / 09 / 2012
Transaction ID : 35618575

Amount of Each Receipt this Period 125.00

B. Dr Troy Raber
Full Name (Last, First, Middle Initial)

Mailing Address 195 Masters Ln

City Magnolia State DE Zip Code 19962-1186

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

Name of Employer Delaware Optometric Association Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 09 / 2012
Transaction ID : 35618578

Amount of Each Receipt this Period 125.00

C. Dr David A Klibanoff
Full Name (Last, First, Middle Initial)

Mailing Address 238 Brook St

City Rehoboth State MA Zip Code 02769-1736

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 ▼ 365.64

Date of Receipt 12 / 09 / 2012
Transaction ID : 35618579

Amount of Each Receipt this Period 30.47

SUBTOTAL of Receipts This Page (optional)..... ▶ 280.47

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 28 OF 118
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Kenneth Ray Moultrie
 Full Name (Last, First, Middle Initial)
 Mailing Address 1809 Gaslight Way Ne
 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 ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2012
Transaction ID : 35618580
 Amount of Each Receipt this Period
 50.00

B. Dr Norman Robert Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 3216 Noble Ct
 City Boulder State CO Zip Code 80301-5489
 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 M / D D D / Y Y Y Y Y Y
 12 / 09 / 2012
Transaction ID : 35618581
 Amount of Each Receipt this Period
 25.00

C. Dr Jonathan R Bundy
 Full Name (Last, First, Middle Initial)
 Mailing Address 3045 N Hozoni Rd
 City Prescott State AZ Zip Code 86305-3992
 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 ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2012
Transaction ID : 35618583
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial)
A. Ms Bj Avery

Mailing Address 1104 West Ave

City Austin State TX Zip Code 78701-2020

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

Name of Employer Texas Optometric Assn Inc Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2012
Transaction ID : 35618585

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
B. Dr Mira Swiecicki

Mailing Address 664 Clark Rd

City Bellingham State WA Zip Code 98225-7842

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2010.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2012
Transaction ID : 35618586

Amount of Each Receipt this Period
222.22

Full Name (Last, First, Middle Initial)
C. Dr Michael John Kruger

Mailing Address 205 Northpark Blvd

City Huxley State IA Zip Code 50124-9340

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 ▼ **265.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2012
Transaction ID : 35618588

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	267.22
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Paul Philippe Cote
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Little Androscoggin Dr
 City Auburn State ME Zip Code 04210-8884
 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 ▼
 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2012
Transaction ID : 35618590
 Amount of Each Receipt this Period
 41.67

B. Dr Michael Ernest Heil
 Full Name (Last, First, Middle Initial)
 Mailing Address 25904 210th Ave Se
 City Maple Valley State WA Zip Code 98038-7530
 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 M / D D D / Y Y Y Y Y Y
 12 / 10 / 2012
Transaction ID : 35618591
 Amount of Each Receipt this Period
 20.00

C. Dr Michael G Wallace
 Full Name (Last, First, Middle Initial)
 Mailing Address 3366 Ambleside Dr
 City Flushing State MI Zip Code 48433-9784
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2012
Transaction ID : 35618592
 Amount of Each Receipt this Period
 42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 103.67
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 31 OF 118
(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 George W Veliky

Mailing Address 137 Oak Grove Ave

City Hasbrouck Hts State NJ Zip Code 07604-1225

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

Name of Employer: Self Employed Occupation: Doctor of Optometry

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt: **12 / 10 / 2012**
Transaction ID : 35618593

Amount of Each Receipt this Period: **42.00**

Full Name (Last, First, Middle Initial)
B. Dr James Davis

Mailing Address 2724 Surrey Ln

City Idaho Falls State ID Zip Code 83404-7143

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

Name of Employer: Self Employed Occupation: Doctor of Optometry

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **495.00**

Date of Receipt: **12 / 10 / 2012**
Transaction ID : 35618594

Amount of Each Receipt this Period: **45.00**

Full Name (Last, First, Middle Initial)
C. Dr Shelby Robinson

Mailing Address 3939 62nd Ave E

City Fife State WA Zip Code 98424-2377

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: **12 / 10 / 2012**
Transaction ID : 35618596

Amount of Each Receipt this Period: **20.00**

SUBTOTAL of Receipts This Page (optional)..... ► **107.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Paul Schroeder
Full Name (Last, First, Middle Initial)

Mailing Address 616 12Th St 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 ▼ **300.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2012

Transaction ID : 35620183

Amount of Each Receipt this Period
25.00

B. Dr Robert Craig Janot
Full Name (Last, First, Middle Initial)

Mailing Address 100 Orchard St

City Sulphur State LA Zip Code 70663-6268

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 ▼ **500.04**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2012

Transaction ID : 35620184

Amount of Each Receipt this Period
41.67

C. Dr Andrea E Bethel
Full Name (Last, First, Middle Initial)

Mailing Address 1621 Terra De Sol Dr Se

City Rio Rancho State NM Zip Code 87124-8709

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
M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2012

Transaction ID : 35620185

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	116.67
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Joe Ernest Ellis
Full Name (Last, First, Middle Initial)
Mailing Address 179 Wood Trce
City Benton State KY Zip Code 42025-9400
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed
Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.04

Date of Receipt 12 / 11 / 2012
Transaction ID : 35620187
Amount of Each Receipt this Period 166.67

B. Dr Julie A Toon
Full Name (Last, First, Middle Initial)
Mailing Address 2204 N Longwood Cir
City Wichita State KS Zip Code 67226-1157
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed
Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 11 / 2012
Transaction ID : 35620188
Amount of Each Receipt this Period 50.00

C. Dr Vincent W Brandys Jr
Full Name (Last, First, Middle Initial)
Mailing Address 998 Ascot Dr
City Elgin State IL Zip Code 60123-6761
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 12 / 11 / 2012
Transaction ID : 35620189
Amount of Each Receipt this Period 35.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 OF 118
(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 David I Geffen

Mailing Address 8695 Robinhood Ln

City State Zip Code
La Jolla CA 92037-2134

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
12 / 04 / 2012
Transaction ID : 35620230

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
B. Dr Henry W Stevens

Mailing Address 3698 Ne 207Th Ter

City State Zip Code
Aventura FL 33180-3828

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
12 / 04 / 2012
Transaction ID : 35620231

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Dr Ann M Kautz-Markley

Mailing Address 4 Barrington Hls

City State Zip Code
Fenton MI 48430-9183

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
12 / 04 / 2012
Transaction ID : 35620236

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Dale G Lervick
Full Name (Last, First, Middle Initial)

Mailing Address 2876 W Long Dr
Apt D

City Littleton State CO Zip Code 80120-8131

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
12 / 04 / 2012
Transaction ID : 35620241

Amount of Each Receipt this Period
350.00

B. Dr Denis Robert Holmes
Full Name (Last, First, Middle Initial)

Mailing Address 1313 Old Samish Rd

City Bellingham State WA Zip Code 98229-8505

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
12 / 12 / 2012
Transaction ID : 35621659

Amount of Each Receipt this Period
20.00

C. Dr Irwin Azman
Full Name (Last, First, Middle Initial)

Mailing Address 119 Old Plantation Way

City Pikesville State MD Zip Code 21208-6381

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
12 / 11 / 2012
Transaction ID : 35621735

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2370.00

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 36 OF 118
(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 Thomas Azman

Mailing Address 3315 Labyrinth Rd

City State Zip Code
 Baltimore MD 21215-1729

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 ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2012

Transaction ID : 35621749

Amount of Each Receipt this Period
 2000.00

Full Name (Last, First, Middle Initial)
B. Dr Linda A Frechette

Mailing Address 5002 S 325 E

City State Zip Code
 Franklin IN 46131-7716

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 M / D D D / Y Y Y Y Y Y
 12 / 11 / 2012

Transaction ID : 35621751

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. Dr Glen A Gunderson

Mailing Address 5833 Urban Ct

City State Zip Code
 Arvada CO 80004-4251

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 M / D D D / Y Y Y Y Y Y
 12 / 11 / 2012

Transaction ID : 35621752

Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2225.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Carl H Hirsch		Date of Receipt 12 / 11 / 2012 Transaction ID : 35621753
Mailing Address 2660 Bridle Ln		Amount of Each Receipt this Period 125.00
City Walnut Creek	State CA	Zip Code 94596-6538
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr Cameron E Herrin		Date of Receipt 12 / 07 / 2012 Transaction ID : 35621832
Mailing Address 1704 N 4Th Ave		Amount of Each Receipt this Period 500.00
City Purcell	State OK	Zip Code 73080-1902
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) c. Dr Lisa L Knapp		Date of Receipt 12 / 07 / 2012 Transaction ID : 35621833
Mailing Address 341 S G St		Amount of Each Receipt this Period 125.00
City Oxnard	State CA	Zip Code 93030-5219
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Thomas E Holden
 Full Name (Last, First, Middle Initial)
 Mailing Address 341 S G St
 City Oxnard State CA Zip Code 93030-5219
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : 35621834
 Amount of Each Receipt this Period
 125.00

B. Dr Ximena M Daza
 Full Name (Last, First, Middle Initial)
 Mailing Address 1575 E 14Th St
 City San Leandro State CA Zip Code 94577-4806
 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 M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : 35621835
 Amount of Each Receipt this Period
 250.00

C. Dr Alison A Arrants
 Full Name (Last, First, Middle Initial)
 Mailing Address Po Box 2250
 City Rock Springs State WY Zip Code 82902-2250
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : 35621837
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	725.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Mark D Woodward
 Full Name (Last, First, Middle Initial)
 Mailing Address 406 Coach Hovis Dr
 City Yorktown State VA Zip Code 23693-2565
 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 M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : 35621840
 Amount of Each Receipt this Period
 125.00

B. Dr Carol J Hamel
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Fair Oaks Dr
 City Lincoln State RI Zip Code 02865-4523
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : 35621842
 Amount of Each Receipt this Period
 125.00

C. Dr Glenn Goldring
 Full Name (Last, First, Middle Initial)
 Mailing Address 209 S Grove Park Rd
 City Memphis State TN Zip Code 38117-3505
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : 35621847
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr Ed La Bissoniere
 Full Name (Last, First, Middle Initial)
 Mailing Address 409 N 64Th Ave
 City Yakima State WA Zip Code 98908-1202
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : 35621850
 Amount of Each Receipt this Period
 200.00

B. Dr Brian D Cin
 Full Name (Last, First, Middle Initial)
 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 Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2012
Transaction ID : 35621919
 Amount of Each Receipt this Period
 50.00

C. Dr Edwin Endo
 Full Name (Last, First, Middle Initial)
 Mailing Address 98-828 Hiliu PI
 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 General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2012
Transaction ID : 35621920
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional).....▶	291.66
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	FOR LINE NUMBER: (check only one)	PAGE 41 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr Jeffrey David Hill
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 Treymoor Dr
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2012
Transaction ID : 35621921
 Amount of Each Receipt this Period
 50.00

B. Dr Gilbert E Pierce
 Full Name (Last, First, Middle Initial)
 Mailing Address 8639 Olenbrook Dr
 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 ▼ 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2012
Transaction ID : 35621922
 Amount of Each Receipt this Period
 45.00

C. Dr Jonathan Toso
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 Angel Ln
 City Canton State SD Zip Code 57013-2634
 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 ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2012
Transaction ID : 35621923
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 42 OF 118
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Mark David Hansen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1887 N Isett Ave
 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 General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2012
Transaction ID : 35621928
 Amount of Each Receipt this Period
 125.00

B. Dr Mark G Everett
 Full Name (Last, First, Middle Initial)
 Mailing Address 3316 W Eagles Nest Ln
 City Spokane State WA Zip Code 99208-8760
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2012
Transaction ID : 35622747
 Amount of Each Receipt this Period
 250.00

C. Dr Todd D Olson
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Bryant St
 City Alexandria State MN Zip Code 56308-1713
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2012
Transaction ID : 35622749
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 575.00
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 43 OF 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr Elliot M Kirstein
Full Name (Last, First, Middle Initial)

Mailing Address 9831 Orchard Club Dr

City Montgomery State OH Zip Code 45242-4467

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 ▼ **730.00**

Date of Receipt **12 / 12 / 2012**

Transaction ID : 35622750

Amount of Each Receipt this Period **365.00**

B. Dr J. Steven Robinson
Full Name (Last, First, Middle Initial)

Mailing Address 118 Wagon Wheel Ln

City New Britain State PA Zip Code 18901-2027

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 **12 / 12 / 2012**

Transaction ID : 35622751

Amount of Each Receipt this Period **250.00**

c. Dr Greg A Caldwell
Full Name (Last, First, Middle Initial)

Mailing Address 225 Terrace Dr

City Lilly State PA Zip Code 15938-5819

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.04**

Date of Receipt **12 / 14 / 2012**

Transaction ID : 35628316

Amount of Each Receipt this Period **166.67**

SUBTOTAL of Receipts This Page (optional)..... **781.67**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr William Benton Britt
Full Name (Last, First, Middle Initial)
Mailing Address 855 S Pitkin Ave

City Superior	State CO	Zip Code 80027-8032
------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

Transaction ID : 35628317

Amount of Each Receipt this Period
20.00

B. Dr Markus I Barth
Full Name (Last, First, Middle Initial)
Mailing Address 1346 Heller Dr

City Yardley	State PA	Zip Code 19067-2714
-----------------	-------------	------------------------

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 ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

Transaction ID : 35628318

Amount of Each Receipt this Period
41.67

C. Dr Brian Plattner
Full Name (Last, First, Middle Initial)
Mailing Address 917 S Market St

City Knoxville	State IL	Zip Code 61448-1299
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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 ▼
1020.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

Transaction ID : 35628319

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional).....▶	146.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr David S Cook
Full Name (Last, First, Middle Initial)
Mailing Address 6460 Devon Ln
City Cadillac State MI Zip Code 49601-9549
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 12 / 14 / 2012
Transaction ID : 35628320
Amount of Each Receipt this Period 25.00

B. Dr Sarah C Gordon
Full Name (Last, First, Middle Initial)
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 600.00

Date of Receipt 12 / 14 / 2012
Transaction ID : 35628321
Amount of Each Receipt this Period 50.00

C. Dr David Edward Magnus
Full Name (Last, First, Middle Initial)
Mailing Address Po Box 2144
City Corrales State NM Zip Code 87048-2144
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00

Date of Receipt 12 / 14 / 2012
Transaction ID : 35628322
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional).....▶ 125.00
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 46 OF 118
(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 Kimberly Ocampo

Mailing Address

City State Zip Code

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
12 / 14 / 2012

Transaction ID : 35628323

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Dr Steven Zalaznick

Mailing Address 573 Sanderling Ct

City State Zip Code
 Secaucus NJ 07094-2220

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 ▼ **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 11 / 2012

Transaction ID : 35628707

Amount of Each Receipt this Period
125.00

Full Name (Last, First, Middle Initial)
C. Dr Ronald B Gantt

Mailing Address 144 Lonetree Dr

City State Zip Code
 Advance NC 27006-7061

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
12 / 11 / 2012

Transaction ID : 35628708

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **275.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Mark Lee Guisti
Full Name (Last, First, Middle Initial)

Mailing Address 592 12Th St

City Elko State NV Zip Code 89801-3405

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 ▼ **500.00**

Date of Receipt **12 / 11 / 2012**

Transaction ID : 35628709

Amount of Each Receipt this Period **250.00**

B. Dr David L Parker
Full Name (Last, First, Middle Initial)

Mailing Address 4889 Bobo Pl

City Olive Branch State MS Zip Code 38654-8223

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt **12 / 15 / 2012**

Transaction ID : 35628906

Amount of Each Receipt this Period **41.67**

C. Dr Scott L Nehring
Full Name (Last, First, Middle Initial)

Mailing Address 32840 S Meridian Rd

City Woodburn State OR Zip Code 97071-8768

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt **12 / 15 / 2012**

Transaction ID : 35628907

Amount of Each Receipt this Period **42.00**

SUBTOTAL of Receipts This Page (optional)..... **333.67**

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

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

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

FOR LINE NUMBER: PAGE 48 OF 118
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Katherine M Baughman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2421 E White Ave
 City State Zip Code
 Moscow ID 83843-5097
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2012
Transaction ID : 35628908
 Amount of Each Receipt this Period
 30.00

B. Dr Jared Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 609 Diamond Dr
 City State Zip Code
 Kimberly ID 83341-1938
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2012
Transaction ID : 35628909
 Amount of Each Receipt this Period
 30.00

C. Dr Gary P Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 1733 W Wildflower Ln
 City State Zip Code
 Twin Falls ID 83301-3691
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2012
Transaction ID : 35628910
 Amount of Each Receipt this Period
 30.00

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: (check only one)	PAGE 49 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Gary R Pabalís
Full Name (Last, First, Middle Initial)

Mailing Address 11972 W Gamekeeper Dr

City Kuna State ID Zip Code 83634-2802

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 12 / 15 / 2012
Transaction ID : 35628911

Amount of Each Receipt this Period 20.00

B. Dr Jennifer E Davis
Full Name (Last, First, Middle Initial)

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 Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 492.00

Date of Receipt 12 / 15 / 2012
Transaction ID : 35628913

Amount of Each Receipt this Period 41.00

C. Dr Mary Anne C Murphy
Full Name (Last, First, Middle Initial)

Mailing Address 16683 Cathedral Way

City Broomfield State CO Zip Code 80023-4645

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 12 / 15 / 2012
Transaction ID : 35628914

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 86.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Jessica L Peel
Full Name (Last, First, Middle Initial)

Mailing Address 3115 Silverwood St

City Billings State MT Zip Code 59102-0655

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
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2012

Transaction ID : 35628915

Amount of Each Receipt this Period
50.00

B. Dr Randy Andregg
Full Name (Last, First, Middle Initial)

Mailing Address 11368 W Hickory Hill Ct

City Boise State ID Zip Code 83713-2467

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 ▼ **500.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2012

Transaction ID : 35628916

Amount of Each Receipt this Period
41.67

C. Dr Jared E Birch
Full Name (Last, First, Middle Initial)

Mailing Address 1202 Ashland Dr

City Ammon State ID Zip Code 83406-4574

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 ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2012

Transaction ID : 35628917

Amount of Each Receipt this Period
90.00

SUBTOTAL of Receipts This Page (optional).....▶	181.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Raymond Greene
Full Name (Last, First, Middle Initial)

Mailing Address 3207 N 22nd St

City Coeur D Alene State ID Zip Code 83815-6321

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 ▼ **365.04**

Date of Receipt **12 / 15 / 2012**

Transaction ID : 35628918

Amount of Each Receipt this Period **30.42**

B. Dr Ron W Roelfs
Full Name (Last, First, Middle Initial)

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 ▼ **420.00**

Date of Receipt **12 / 16 / 2012**

Transaction ID : 35628925

Amount of Each Receipt this Period **35.00**

C. Dr Michele R Haranin
Full Name (Last, First, Middle Initial)

Mailing Address 301 Concord Rd

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 General Other (specify) ▼

Aggregate Year-to-Date ▼ **670.00**

Date of Receipt **12 / 16 / 2012**

Transaction ID : 35628926

Amount of Each Receipt this Period **65.00**

SUBTOTAL of Receipts This Page (optional)..... **130.42**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr John G Barron
Full Name (Last, First, Middle Initial)

Mailing Address 1217 Tammy St

City Selma State CA Zip Code 93662-4344

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 **12 / 16 / 2012**

Transaction ID : 35628927

Amount of Each Receipt this Period **50.00**

B. Dr Bruce L Manning
Full Name (Last, First, Middle Initial)

Mailing Address 487 Whitebark Cr

City Wadsworth State OH Zip Code 44281-2299

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 ▼ **372.00**

Date of Receipt **12 / 16 / 2012**

Transaction ID : 35628928

Amount of Each Receipt this Period **31.00**

C. Dr Lee Ann Barrett
Full Name (Last, First, Middle Initial)

Mailing Address 1199 E Morgan St

City Boonville State MO Zip Code 65233-1336

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 **12 / 17 / 2012**

Transaction ID : 35629158

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **131.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Sarah J Hudson
Full Name (Last, First, Middle Initial)

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 Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 17 / 2012
Transaction ID : 35629159

Amount of Each Receipt this Period
125.00

B. Dr Sally Ann Hartenstein
Full Name (Last, First, Middle Initial)

Mailing Address 3 Taylor River Rd

City Hampton Falls State NH Zip Code 03844-2012

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
12 / 17 / 2012
Transaction ID : 35629160

Amount of Each Receipt this Period
20.00

C. Dr Freddie M Mayes
Full Name (Last, First, Middle Initial)

Mailing Address 117 Magnolia Dr

City Central City State KY Zip Code 42330-1727

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
12 / 17 / 2012
Transaction ID : 35629161

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 195.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Matthew R Ingram
Full Name (Last, First, Middle Initial)

Mailing Address 660 Bender Rd

City Marietta State OH Zip Code 45750-8345

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
12 / 17 / 2012
Transaction ID : 35629162

Amount of Each Receipt this Period
20.00

B. Dr Larry C Wallis
Full Name (Last, First, Middle Initial)

Mailing Address 20 Kentshire Ct

City Greenville State DE Zip Code 19807-2583

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
12 / 17 / 2012
Transaction ID : 35629163

Amount of Each Receipt this Period
50.00

C. Dr Paul S Jensen
Full Name (Last, First, Middle Initial)

Mailing Address 4717 132Nd Ave Se

City Bellevue State WA Zip Code 98006-2132

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
12 / 17 / 2012
Transaction ID : 35629164

Amount of Each Receipt this Period
20.00

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: (check only one)	PAGE 55 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Dr Daniel J Kosterman		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 17 / 2012 Transaction ID : 35629165
Mailing Address 16420 Carla St		Amount of Each Receipt this Period 85.00
City Eagle River	State AK	Zip Code 99577-7618
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	

Full Name (Last, First, Middle Initial) B. Dr Dennis A Swarner		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 17 / 2012 Transaction ID : 35629166
Mailing Address Po Box 1669		Amount of Each Receipt this Period 85.00
City Kenai	State AK	Zip Code 99611-1669
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	

Full Name (Last, First, Middle Initial) C. Dr Movses D'Janbatian		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 18 / 2012 Transaction ID : 35631112
Mailing Address 1435 Stanley Ave #217		Amount of Each Receipt this Period 500.00
City Glendale	State CA	Zip Code 91206-3987
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional).....▶	670.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Dr Philip Dunne Flynn
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 Palmetto Hall Dr
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2012
Transaction ID : 35636180
 Amount of Each Receipt this Period
 125.00

B. Dr Mitchell Todd Munson
 Full Name (Last, First, Middle Initial)
 Mailing Address 9940 Ashleigh Way
 City Highlands Ranch State CO Zip Code 80126-4244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2003.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2012
Transaction ID : 35636181
 Amount of Each Receipt this Period
 166.94

c. Dr Paul Zerbinopoulos
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Carrie Ln
 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 General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2012
Transaction ID : 35636182
 Amount of Each Receipt this Period
 30.42

SUBTOTAL of Receipts This Page (optional).....▶	322.36
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Pamela J Blodgett
Full Name (Last, First, Middle Initial)

Mailing Address 22 Carrie Ln

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 General Other (specify) ▼

Aggregate Year-to-Date ▼ **365.04**

Date of Receipt **12 / 19 / 2012**

Transaction ID : 35636183

Amount of Each Receipt this Period **30.42**

B. Dr Michael Bacigalupi
Full Name (Last, First, Middle Initial)

Mailing Address 622 Se 13Th St

City Ft Lauderdale State FL Zip Code 33316-2023

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 ▼ **365.04**

Date of Receipt **12 / 19 / 2012**

Transaction ID : 35636184

Amount of Each Receipt this Period **30.42**

C. Dr Ronald Lee Hopping
Full Name (Last, First, Middle Initial)

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 General Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.04**

Date of Receipt **12 / 19 / 2012**

Transaction ID : 35636185

Amount of Each Receipt this Period **166.67**

SUBTOTAL of Receipts This Page (optional)..... **227.51**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr Desiree Tyer Hopping
 Full Name (Last, First, Middle Initial)
 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 General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2012
Transaction ID : 35636186
 Amount of Each Receipt this Period
 166.67

B. Dr Nancy S Barr
 Full Name (Last, First, Middle Initial)
 Mailing Address 435 Conservatory Pt
 City Fayetteville State GA Zip Code 30215-8609
 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 ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2012
Transaction ID : 35636187
 Amount of Each Receipt this Period
 20.00

C. Dr Harue Jean Marsden
 Full Name (Last, First, Middle Initial)
 Mailing Address 1445 Prospect Ave Unit D
 City Placentia State CA Zip Code 92870-3816
 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 ▼ 1999.66

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2012
Transaction ID : 35636189
 Amount of Each Receipt this Period
 194.40

SUBTOTAL of Receipts This Page (optional).....▶	381.07
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 59 OF 118
(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 Scott Burks

Mailing Address Po Box 1351

City State Zip Code
 Buffalo MO 65622-1351

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 M / D D D / Y Y Y Y Y Y
 12 / 19 / 2012

Transaction ID : 35636190

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Dr Susan M Brunnett

Mailing Address 9940 Ashleigh Way

City State Zip Code
 Highlands Ranch CO 80126-4244

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 ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2012

Transaction ID : 35636191

Amount of Each Receipt this Period
 333.06

Full Name (Last, First, Middle Initial)
C. Dr Janice M Mc Mahon

Mailing Address 308 Vernon Ave

City State Zip Code
 Wheaton IL 60187-4643

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
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2012

Transaction ID : 35636192

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 453.06

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Michael Polasky
Full Name (Last, First, Middle Initial)

Mailing Address 5088 Breckenhurst Dr

City Hilliard State OH Zip Code 43026-8659

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
12 / 17 / 2012
Transaction ID : 35644722

Amount of Each Receipt this Period
250.00

B. Dr Mark A Taylor
Full Name (Last, First, Middle Initial)

Mailing Address 527 E 1500 S

City Kaysville State UT Zip Code 84037-3032

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
12 / 20 / 2012
Transaction ID : 35644977

Amount of Each Receipt this Period
20.00

C. Dr Wayne Maltz
Full Name (Last, First, Middle Initial)

Mailing Address 10801 Valley Hills Dr

City Houston State TX Zip Code 77071-1610

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 ▼
1200.00

Date of Receipt
12 / 20 / 2012
Transaction ID : 35644978

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 370.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Lynn D Greenspan
Full Name (Last, First, Middle Initial)

Mailing Address 77 N Iroquois Ln

City Chester Sprgs State PA Zip Code 19425-2929

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 **12 / 20 / 2012**

Transaction ID : 35644979

Amount of Each Receipt this Period **200.00**

B. Dr Marc Robert Bloomenstein
Full Name (Last, First, Middle Initial)

Mailing Address 5101 E Calavar Rd

City Scottsdale State AZ Zip Code 85254-2869

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 ▼ **1200.00**

Date of Receipt **12 / 20 / 2012**

Transaction ID : 35644980

Amount of Each Receipt this Period **100.00**

C. Dr Kevin L Alexander
Full Name (Last, First, Middle Initial)

Mailing Address 2116 Wildwood Ct

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 ▼ **600.00**

Date of Receipt **12 / 20 / 2012**

Transaction ID : 35644981

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **170.00**

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 62 OF 118
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Robert J Parks
 Full Name (Last, First, Middle Initial)
 Mailing Address 86 Darlene Drive
 City Wakefield State RI Zip Code 02879-8307
 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 ▼ 531.27

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2012
Transaction ID : 35644982
 Amount of Each Receipt this Period
 31.25

B. Dr Melissa Patrlija
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 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
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2012
Transaction ID : 35644983
 Amount of Each Receipt this Period
 25.00

C. Dr Jeffrey A Gonnason
 Full Name (Last, First, Middle Initial)
 Mailing Address 6721 Gloucester Pl
 City Anchorage State AK Zip Code 99504-3343
 FEC ID number of contributing federal political committee. C
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2012
Transaction ID : 35644984
 Amount of Each Receipt this Period
 84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.25
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr David S Hays
Full Name (Last, First, Middle Initial)

Mailing Address 8720 52Nd Street 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 ▼
1008.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

Transaction ID : 35646078

Amount of Each Receipt this Period
84.00

B. Dr Donald W Furman
Full Name (Last, First, Middle Initial)

Mailing Address 855 11Th Street Pl

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 ▼
1008.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

Transaction ID : 35646079

Amount of Each Receipt this Period
84.00

C. Dr Paul Gustafson
Full Name (Last, First, Middle Initial)

Mailing Address 159 Sunflower St

City	State	Zip Code
Casper	WY	82604-3805

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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

Transaction ID : 35646081

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional).....▶	203.00
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 64 OF 118
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Marty S Traylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 4304 Wood Trce
 City Owensboro State KY Zip Code 42303-2274
 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
 12 / 21 / 2012
Transaction ID : 35646082
 Amount of Each Receipt this Period
 125.00

B. Dr Kent Hillery
 Full Name (Last, First, Middle Initial)
 Mailing Address 16448 Country Club Dr
 City Peosta State IA Zip Code 52068-9710
 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
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : 35646083
 Amount of Each Receipt this Period
 50.00

C. Dr Mary Lynn Gregory
 Full Name (Last, First, Middle Initial)
 Mailing Address 3332 120th Ave
 City Clear Lake State MN Zip Code 55319-9506
 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 ▼ 600.05

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : 35646084
 Amount of Each Receipt this Period
 54.55

SUBTOTAL of Receipts This Page (optional)..... ▶ 229.55
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 OF 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr Jennifer L Planitz
Full Name (Last, First, Middle Initial)

Mailing Address 3537 Newcastle Dr Se

City Rio Rancho State NM Zip Code 87124-3672

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 21 / 2012
Transaction ID : 35646089

Amount of Each Receipt this Period 454.50

B. Dr David W Wineland
Full Name (Last, First, Middle Initial)

Mailing Address 8400 Concord Rd

City Johnstown State OH Zip Code 43031-8154

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 ▼ 890.75

Date of Receipt 12 / 18 / 2012
Transaction ID : 35646752

Amount of Each Receipt this Period 127.25

C. Dr Caroline Guerrero Cauchi
Full Name (Last, First, Middle Initial)

Mailing Address 3570 Trinas Way

City Jamul State CA Zip Code 91935-1644

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 12 / 18 / 2012
Transaction ID : 35646753

Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 706.75

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Gary J Morgan
Full Name (Last, First, Middle Initial)

Mailing Address 167 Cawdor Ln

City Inverness State IL Zip Code 60067-8005

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
12 / 18 / 2012
Transaction ID : 35646755

Amount of Each Receipt this Period
125.00

B. Dr Matthew J Maki
Full Name (Last, First, Middle Initial)

Mailing Address 135 W Church St

City Williamston State MI Zip Code 48895-1119

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
12 / 22 / 2012
Transaction ID : 35647630

Amount of Each Receipt this Period
25.00

C. Dr David K Talley
Full Name (Last, First, Middle Initial)

Mailing Address 1698 Brookside Dr

City Germantown State TN Zip Code 38138-2531

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 ▼
1020.00

Date of Receipt
12 / 22 / 2012
Transaction ID : 35647632

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional).....▶ 235.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Blaine F Bird
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 E 775 S
 City Springville State UT Zip Code 84663-3206
 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 **365.04**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2012
Transaction ID : 35647633
 Amount of Each Receipt this Period
30.42

B. Dr Thomas Annunziato
 Full Name (Last, First, Middle Initial)
 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 **1999.96**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2012
Transaction ID : 35647635
 Amount of Each Receipt this Period
83.33

C. Dr Joseph J Jordan Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 971 Suncook Valley Rd
 City Alton State NH Zip Code 03809-5212
 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 **2000.04**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2012
Transaction ID : 35647641
 Amount of Each Receipt this Period
166.67

SUBTOTAL of Receipts This Page (optional)..... **280.42**
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 68 OF 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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 ▼ **600.00**

Date of Receipt **12 / 23 / 2012**

Transaction ID : 35647643

Amount of Each Receipt this Period **50.00**

Full Name (Last, First, Middle Initial)
B. Dr Chris R Deibert

Mailing Address 8 Johnson Dr

City Luray State VA Zip Code 22835-9705

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 23 / 2012**

Transaction ID : 35647645

Amount of Each Receipt this Period **50.00**

Full Name (Last, First, Middle Initial)
C. Dr Jeff A Hayden

Mailing Address 679 Plumtree Ln

City Fenton State MI Zip Code 48430-4207

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **12 / 23 / 2012**

Transaction ID : 35647646

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Barry J Barresi
Full Name (Last, First, Middle Initial)

Mailing Address 659 Spyglass Summit Dr

City Chesterfield State MO Zip Code 63017-2142

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 ▼ 2000.04

Date of Receipt 12 / 23 / 2012
Transaction ID : 35647647

Amount of Each Receipt this Period 166.67

B. Dr Chris R Fields
Full Name (Last, First, Middle Initial)

Mailing Address 173 Peterkin Hill Rd

City S Woodstock State VT Zip Code 05071-4500

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 ▼ 501.00

Date of Receipt 12 / 23 / 2012
Transaction ID : 35647648

Amount of Each Receipt this Period 167.00

C. Dr Leon Michael Favede
Full Name (Last, First, Middle Initial)

Mailing Address 250 Harbel Dr

City St Clairsvle 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 ▼ 504.00

Date of Receipt 12 / 24 / 2012
Transaction ID : 35647650

Amount of Each Receipt this Period 126.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 459.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Dori M Carlson
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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 ▼
1963.68

Date of Receipt
12 / 24 / 2012

Transaction ID : 35647651

Amount of Each Receipt this Period
163.64

B. Dr Steven Thomas Reed
Full Name (Last, First, Middle Initial)

Mailing Address 4550 Simpson Highway 28 W

City State Zip Code
Magee MS 39111-5187

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 ▼
1080.00

Date of Receipt
12 / 24 / 2012

Transaction ID : 35647652

Amount of Each Receipt this Period
90.00

C. Dr Jacqueline M Bowen
Full Name (Last, First, Middle Initial)

Mailing Address 3930 W 19Th Street 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 ▼
600.00

Date of Receipt
12 / 24 / 2012

Transaction ID : 35647654

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	303.64
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 71 OF 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr Pierre J Anctil
Full Name (Last, First, Middle Initial)

Mailing Address 12 Garden Dr

City Colorado Spgs State CO Zip Code 80904-4414

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 **12 / 24 / 2012**

Transaction ID : 35647656

Amount of Each Receipt this Period **50.00**

B. Dr Lynn F Hellerstein
Full Name (Last, First, Middle Initial)

Mailing Address 8611 E Otero Pl

City Centennial State CO Zip Code 80112-3317

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 **12 / 24 / 2012**

Transaction ID : 35647657

Amount of Each Receipt this Period **50.00**

C. Dr Peter V Candela
Full Name (Last, First, Middle Initial)

Mailing Address Po 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 ▼ **1066.72**

Date of Receipt **12 / 24 / 2012**

Transaction ID : 35647659

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 OF 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr Robert E Prouty
Full Name (Last, First, Middle Initial)

Mailing Address 8886 N Awl Rd

City Parker State CO Zip Code 80138-6840

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
12 / 24 / 2012

Transaction ID : 35647660

Amount of Each Receipt this Period
100.00

B. Dr Robert M Theaker
Full Name (Last, First, Middle Initial)

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 Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
12 / 25 / 2012

Transaction ID : 35647661

Amount of Each Receipt this Period
500.00

C. Dr Steven D Sloan
Full Name (Last, First, Middle Initial)

Mailing Address 1723 Carriage Hill Ct

City Dubuque State IA Zip Code 52003-8584

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
12 / 25 / 2012

Transaction ID : 35647663

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	620.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Joe Wesley De Loach
Full Name (Last, First, Middle Initial)

Mailing Address 504 Edgelake Dr

City Dallas State TX Zip Code 75218-2111

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1308.00

Date of Receipt 12 / 25 / 2012
Transaction ID : 35647664

Amount of Each Receipt this Period 109.00

B. Dr John S Bowen
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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 ▼ 1008.00

Date of Receipt 12 / 25 / 2012
Transaction ID : 35647665

Amount of Each Receipt this Period 84.00

C. Dr Stacie Layne Virden
Full Name (Last, First, Middle Initial)

Mailing Address 4324 Green Point Dr

City Waco State TX Zip Code 76710-1406

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 ▼ 1090.92

Date of Receipt 12 / 25 / 2012
Transaction ID : 35647666

Amount of Each Receipt this Period 90.91

SUBTOTAL of Receipts This Page (optional)..... ▶ 283.91

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 74 OF 118
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Ashley K Mc Ferron
Full Name (Last, First, Middle Initial)
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 ▼ 500.04

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 25 / 2012
Transaction ID : 35647667
Amount of Each Receipt this Period
41.67

B. Dr Charles K Atwell
Full Name (Last, First, Middle Initial)
Mailing Address 238 Chasse Cir
City St Charles State IL Zip Code 60174-1418
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 ▼ 504.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 25 / 2012
Transaction ID : 35647668
Amount of Each Receipt this Period
42.00

C. Dr Christopher L Eddy
Full Name (Last, First, Middle Initial)
Mailing Address 6306 Buchanan St
City Fort Collins State CO Zip Code 80525-5810
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation 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
12 / 25 / 2012
Transaction ID : 35647669
Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 167.67
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Rustin M Hatch
Full Name (Last, First, Middle Initial)

Mailing Address 1425 Evergreen Dr

City Twin Falls State ID Zip Code 83301-3423

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 ▼
479.97

Date of Receipt
12 / 25 / 2012

Transaction ID : 35647670

Amount of Each Receipt this Period
53.33

B. Dr David M Redman
Full Name (Last, First, Middle Initial)

Mailing Address 795 Foxhill Cir

City Hollister State CA Zip Code 95023-9747

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.03

Date of Receipt
12 / 25 / 2012

Transaction ID : 35647671

Amount of Each Receipt this Period
41.67

C. Dr Robert Owens
Full Name (Last, First, Middle Initial)

Mailing Address 8 Century Ln

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 ▼
500.00

Date of Receipt
12 / 25 / 2012

Transaction ID : 35647672

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Frederick P Darin
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 Tirrell Rd
 City Charlotte State MI Zip Code 48813-2131
 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 **599.98**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 25 / 2012
Transaction ID : 35647673
 Amount of Each Receipt this Period
83.33

B. Dr Frank McAlliste Akers II
 Full Name (Last, First, Middle Initial)
 Mailing Address 8410 W Salter Dr
 City Peoria State AZ Zip Code 85382-2438
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 25 / 2012
Transaction ID : 35647674
 Amount of Each Receipt this Period
50.00

C. Dr Mamie Cassandra Chan
 Full Name (Last, First, Middle Initial)
 Mailing Address 13713 Vic Rd 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 General Other (specify) Aggregate Year-to-Date **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 25 / 2012
Transaction ID : 35647675
 Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....	183.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Mark R Lee
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 184

City State Zip Code
Blue Diamond NV 89004-0184

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 ▼
255.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 25 / 2012

Transaction ID : 35647676

Amount of Each Receipt this Period
30.00

B. Dr Christopher J Colburn
Full Name (Last, First, Middle Initial)

Mailing Address 30 Winchester Rd

City State Zip Code
Lakewood NY 14750-1734

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
M M / D D / Y Y Y Y Y Y
12 / 25 / 2012

Transaction ID : 35647677

Amount of Each Receipt this Period
83.34

C. Dr Beth A Kneib
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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 ▼
500.04

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 25 / 2012

Transaction ID : 35647679

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional).....▶	155.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Mario Joseph Contaldi
Full Name (Last, First, Middle Initial)

Mailing Address 7728 Mid Cities Blvd

City N Richlnd Hls State TX Zip Code 76180-4621

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 ▼ **1090.92**

Date of Receipt **12 / 25 / 2012**

Transaction ID : 35647680

Amount of Each Receipt this Period **90.91**

B. Dr Richard L Talkington
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 521

City Franklin State NH Zip Code 03235-0521

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 ▼ **1200.00**

Date of Receipt **12 / 26 / 2012**

Transaction ID : 35647681

Amount of Each Receipt this Period **100.00**

C. Dr Pamela E Theriot
Full Name (Last, First, Middle Initial)

Mailing Address 612 University Ave

City Syracuse State NY Zip Code 13210-1807

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 **12 / 26 / 2012**

Transaction ID : 35647682

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional).....▶	240.91
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 79 OF 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr D. Cory Rath
Full Name (Last, First, Middle Initial)

Mailing Address 10748 Sprucedale Ave

City Las Vegas State NV Zip Code 89144-4401

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 ▼ 1200.00

Date of Receipt
12 / 26 / 2012
Transaction ID : 35647683

Amount of Each Receipt this Period
100.00

B. Dr Robert Carl Layman
Full Name (Last, First, Middle Initial)

Mailing Address 4937 Homerdale Ave

City Toledo State OH Zip Code 43623-2930

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
12 / 26 / 2012
Transaction ID : 35647685

Amount of Each Receipt this Period
500.00

C. Dr Audie M Teague Jr
Full Name (Last, First, Middle Initial)

Mailing Address 105 Friar Tuck Ln

City Prescott State AR Zip Code 71857-2608

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 588.00

Date of Receipt
12 / 26 / 2012
Transaction ID : 35647686

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional).....▶	684.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Stephen Greene Langsford
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 Ebony Dr
 City Oxnard State CA Zip Code 93030-8403
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2012
Transaction ID : 35647687
 Amount of Each Receipt this Period
 100.00

B. Dr Richard K Lodwick
 Full Name (Last, First, Middle Initial)
 Mailing Address 3008 Bent Creek Rd
 City Williamsburg State VA Zip Code 23185-8738
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2012
Transaction ID : 35649726
 Amount of Each Receipt this Period
 130.00

C. Dr C. Thomas Crooks III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1229 Highland Lakes Trl
 City Birmingham State AL Zip Code 35242-6886
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2012
Transaction ID : 35649734
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 280.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr Thomas E Nye
 Full Name (Last, First, Middle Initial)
 Mailing Address 42 Tabor Ln
 City Hamilton State OH Zip Code 45013-5118
 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 ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2012
Transaction ID : 35649735
 Amount of Each Receipt this Period
 100.00

B. Dr Maryjane Healey
 Full Name (Last, First, Middle Initial)
 Mailing Address 6710 124Th Pl Se
 City Snohomish State WA Zip Code 98296-8649
 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 ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2012
Transaction ID : 35649736
 Amount of Each Receipt this Period
 200.00

C. Dr David B Gaudreau
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 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 M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : 35649888
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Willa A Hisle
Full Name (Last, First, Middle Initial)

Mailing Address 30 Portola Ave

City Monterey State CA Zip Code 93940-3732

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
12 / 27 / 2012
Transaction ID : 35649897

Amount of Each Receipt this Period
125.00

B. Dr David A Jacoby
Full Name (Last, First, Middle Initial)

Mailing Address 1111 Schenk St

City Osage City State KS Zip Code 66523-1624

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
12 / 21 / 2012
Transaction ID : 35649903

Amount of Each Receipt this Period
250.00

C. Dr David J Vinci
Full Name (Last, First, Middle Initial)

Mailing Address 1900 N James St

City Rome State NY Zip Code 13440-2422

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
12 / 21 / 2012
Transaction ID : 35649913

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00

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 83 OF 118
(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 Mark M Mastervich

Mailing Address 640 Fernando Dr

City Harrisburg State PA Zip Code 17111-4904

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 ▼ **615.00**

Date of Receipt **12 / 21 / 2012**

Transaction ID : 35649922

Amount of Each Receipt this Period **365.00**

Full Name (Last, First, Middle Initial)
B. Dr Jeffrey S Nevitt

Mailing Address 545 Ballentine St

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 **12 / 21 / 2012**

Transaction ID : 35649923

Amount of Each Receipt this Period **250.00**

Full Name (Last, First, Middle Initial)
C. Dr Melvin Gehrig Jr

Mailing Address 3208 Cyprien Ln

City Lake Charles State LA Zip Code 70605-2253

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 **12 / 21 / 2012**

Transaction ID : 35649926

Amount of Each Receipt this Period **200.00**

SUBTOTAL of Receipts This Page (optional)..... **815.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Dr Donald B Bogue

Mailing Address 217 Trailwood Cir

City Lufkin State TX Zip Code 75904-4372

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
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : 35649928

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Dr Jill Susann Anderson

Mailing Address 3915 Potosi Rd

City Pensacola State FL Zip Code 32504-8423

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : 35649930

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. Dr Dorothy L Hitchmoth

Mailing Address Po Box 302

City New London State NH Zip Code 03257-0302

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1056.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : 35649938

Amount of Each Receipt this Period
 88.00

SUBTOTAL of Receipts This Page (optional).....▶	1338.00
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 85 OF 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr Calvert Ross Bregel Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 W Chesapeake Ave
 City Baltimore State MD Zip Code 21204-4343
 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 **12 / 21 / 2012**
Transaction ID : 35649940
 Amount of Each Receipt this Period **200.00**

B. Dr Gerald M Resnick
 Full Name (Last, First, Middle Initial)
 Mailing Address 2303 Kennwynn Rd
 City Wilmington State DE Zip Code 19810-2725
 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 **12 / 21 / 2012**
Transaction ID : 35649941
 Amount of Each Receipt this Period **365.00**

C. Dr Kevin L Gee
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 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 **1090.92**

Date of Receipt **12 / 28 / 2012**
Transaction ID : 35650178
 Amount of Each Receipt this Period **90.91**

SUBTOTAL of Receipts This Page (optional).....	655.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Lillian T Kalaczinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 7421 Treeline Dr Se
 City Grand Rapids State MI Zip Code 49546-7465
 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
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : 35650179
 Amount of Each Receipt this Period
 25.00

B. Dr Sue E Lowe
 Full Name (Last, First, Middle Initial)
 Mailing Address 1704 Skyline Rd
 City Laramie State WY Zip Code 82070-8932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : 35650180
 Amount of Each Receipt this Period
 166.67

C. Dr Ron Benner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1408 E Maryland Ln
 City Laurel State MT Zip Code 59044-2238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : 35650181
 Amount of Each Receipt this Period
 166.67

SUBTOTAL of Receipts This Page (optional).....▶	358.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Neil W Draisin
Full Name (Last, First, Middle Initial)

Mailing Address 21 Fairway Village Ln

City Isle Of Palms State SC Zip Code 29451-2732

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt **12 / 28 / 2012**

Transaction ID : 35650182

Amount of Each Receipt this Period **41.67**

B. Dr Jennifer M. Smi Zolman
Full Name (Last, First, Middle Initial)

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 General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt **12 / 28 / 2012**

Transaction ID : 35650183

Amount of Each Receipt this Period **41.67**

C. Dr Sarah L Lopper
Full Name (Last, First, Middle Initial)

Mailing Address 3827 Paxton Ave Apt 635

City Cincinnati State OH Zip Code 45209-2417

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 **12 / 28 / 2012**

Transaction ID : 35650184

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **103.34**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Robert G Goerss
Full Name (Last, First, Middle Initial)

Mailing Address 3120 Brookford Dr

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 ▼ **600.00**

Date of Receipt **12 / 28 / 2012**

Transaction ID : 35650185

Amount of Each Receipt this Period **50.00**

B. Dr Trevor J Cleveland
Full Name (Last, First, Middle Initial)

Mailing Address 1610 Wilson Ct

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 ▼ **600.00**

Date of Receipt **12 / 28 / 2012**

Transaction ID : 35650186

Amount of Each Receipt this Period **50.00**

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

Mailing Address 3795 Sun Valley Dr

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 General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 28 / 2012**

Transaction ID : 35650187

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Craig M Brammer		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 Transaction ID : 35650188
Mailing Address Po Box 487		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr William L Ratcliff		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 Transaction ID : 35650189
Mailing Address 530 10Th St		Amount of Each Receipt this Period 42.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

Full Name (Last, First, Middle Initial) C. Dr Peter H Kehoe		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 Transaction ID : 35650191
Mailing Address 789 N Broad St		Amount of Each Receipt this Period 175.00
City Galesburg	State IL	Zip Code 61401-2766
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Doctor of Optometry
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

SUBTOTAL of Receipts This Page (optional).....▶	467.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Lynn A Davis
Full Name (Last, First, Middle Initial)
Mailing Address 6546 Jacal Ct Nw
City Albuquerque State NM Zip Code 87114-6120
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 ▼ 1000.08

Date of Receipt
12 / 28 / 2012
Transaction ID : 35650192
Amount of Each Receipt this Period
83.34

B. Dr Diana W Gilbert
Full Name (Last, First, Middle Initial)
Mailing Address 8629 N Pavillion
City West Chester State OH Zip Code 45069-4885
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
12 / 28 / 2012
Transaction ID : 35650193
Amount of Each Receipt this Period
20.00

C. Dr Dean E Riskedahl
Full Name (Last, First, Middle Initial)
Mailing Address 2092 32Nd Ave Ne
City Issaquah State WA Zip Code 98029-7349
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
12 / 28 / 2012
Transaction ID : 35650194
Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶ 128.34
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Blaine G Zieman
Full Name (Last, First, Middle Initial)

Mailing Address 2400 32Nd Ave S

City Fargo State ND Zip Code 58103-5800

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 28 / 2012
Transaction ID : 35650196

Amount of Each Receipt this Period 75.00

B. Dr John L Walters
Full Name (Last, First, Middle Initial)

Mailing Address 47 Mast Hill Rd

City Saco State ME Zip Code 04072-9338

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 ▼ 536.68

Date of Receipt 12 / 28 / 2012
Transaction ID : 35650197

Amount of Each Receipt this Period 37.00

C. Dr Andrea P Thau
Full Name (Last, First, Middle Initial)

Mailing Address 145 E 84Th St Apt 11A

City New York State NY Zip Code 10028-2058

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.04

Date of Receipt 12 / 28 / 2012
Transaction ID : 35650198

Amount of Each Receipt this Period 166.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 278.67

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 92 OF 118
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<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 Daniel L Gauerke

Mailing Address

City State Zip Code

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
12 / 28 / 2012

Transaction ID : 35650199

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
B. Dr Paul W Bohac

Mailing Address **5775 Wyncliff Rd**

City State Zip Code
N Charleston SC 29418-5220

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 ▼ **400.08**

Date of Receipt
12 / 28 / 2012

Transaction ID : 35650200

Amount of Each Receipt this Period
33.34

Full Name (Last, First, Middle Initial)
c. Dr Douglas J Walker

Mailing Address **Po Box 988**

City State Zip Code
Brookings OR 97415-0021

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
12 / 28 / 2012

Transaction ID : 35650202

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	78.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Robert A Sorensen
Full Name (Last, First, Middle Initial)

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 ▼ 504.00

Date of Receipt
12 / 28 / 2012
Transaction ID : 35650203

Amount of Each Receipt this Period
126.00

B. Dr Thomas A Lucas Jr
Full Name (Last, First, Middle Initial)

Mailing Address 2023 Sandy Point Rd

City Harker Hts State TX Zip Code 76548-8680

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
12 / 28 / 2012
Transaction ID : 35650205

Amount of Each Receipt this Period
200.00

C. Dr Richard Edlow
Full Name (Last, First, Middle Initial)

Mailing Address 8913 Griffin Way

City Baltimore State MD Zip Code 21208-1424

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1001.00

Date of Receipt
12 / 28 / 2012
Transaction ID : 35650207

Amount of Each Receipt this Period
91.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 417.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Dr Carey A Patrick		Date of Receipt 12 / 28 / 2012 Transaction ID : 35650208
Mailing Address 970 Patrician Ct		Amount of Each Receipt this Period 100.00
City Fairview	State TX	Zip Code 75069-8781
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Dr Derek J Louie		Date of Receipt 12 / 28 / 2012 Transaction ID : 35650209
Mailing Address 5079 W Sunset Drive		Amount of Each Receipt this Period 42.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 344.00	

Full Name (Last, First, Middle Initial) C. Dr Steven Leon Haleo		Date of Receipt 12 / 28 / 2012 Transaction ID : 35650214
Mailing Address 458 Cranborne Chase		Amount of Each Receipt this Period 30.42
City Fort Mill	State SC	Zip Code 29708-7922
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 321.68	

SUBTOTAL of Receipts This Page (optional).....▶	172.42
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr James Boccuzzi		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 Transaction ID : 35650215
Mailing Address 689 Mansfield City Rd		Amount of Each Receipt this Period 500.00
City Storrs Mansfield	State CT	Zip Code 06268-2728
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr Michael E Bennett		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 Transaction ID : 35650216
Mailing Address 4940 Victoria Pl		Amount of Each Receipt this Period 166.67
City Guthrie	State OK	Zip Code 73044-8668
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.04	

Full Name (Last, First, Middle Initial) C. Dr Hilaire A Pressley		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 Transaction ID : 35650217
Mailing Address 8635 W Sahara Ave Pmb 443		Amount of Each Receipt this Period 50.00
City Las Vegas	State NV	Zip Code 89117-5858
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional).....▶	716.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 118
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Dr C. Garry Collins
Full Name (Last, First, Middle Initial)

Mailing Address 409 Royal Xing

City Franklin State TN Zip Code 37064-8909

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 12 / 26 / 2012
Transaction ID : 35681346

Amount of Each Receipt this Period 250.00

B. Dr Stephen Chinn
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 7256

City Rcho Santa Fe State CA Zip Code 92067-7256

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 12 / 26 / 2012
Transaction ID : 35681356

Amount of Each Receipt this Period 500.00

C. Dr Paul Alan Seibert
Full Name (Last, First, Middle Initial)

Mailing Address 295 200Th Ave

City Fairmont State MN Zip Code 56031-5080

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 12 / 27 / 2012
Transaction ID : 35681397

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Patti S Fuhr
Full Name (Last, First, Middle Initial)

Mailing Address 5720 11Th Ave S

City	State	Zip Code
Birmingham	AL	35222-4136

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 ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2012

Transaction ID : 35681405

Amount of Each Receipt this Period

30.00

B. Dr Michael J Haynes
Full Name (Last, First, Middle Initial)

Mailing Address 1460 Avant Rd

City	State	Zip Code
West Monroe	LA	71291-7500

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 M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2012

Transaction ID : 35681406

Amount of Each Receipt this Period

91.25

C. Dr Duane R Snyder
Full Name (Last, First, Middle Initial)

Mailing Address 6307 E Lake Rd

City	State	Zip Code
Burt	NY	14028-9706

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 M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2012

Transaction ID : 35681754

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional).....▶	246.25
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 98 OF 118
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Richard G Jarvis
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Hanks Hill Rd
 City State Zip Code
 Westminster MA 01473-1624
 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 M / D D D / Y Y Y Y Y Y
 12 / 27 / 2012
Transaction ID : 35681755
 Amount of Each Receipt this Period
 250.00

B. Dr Dan Hock
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Eagle Nest Trl
 City State Zip Code
 Evergreen CO 80439-4242
 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 M / D D D / Y Y Y Y Y Y
 12 / 27 / 2012
Transaction ID : 35681762
 Amount of Each Receipt this Period
 250.00

C. Dr John E Orlando
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 W Butterfly Way
 City State Zip Code
 Lincoln RI 02865-3932
 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 M / D D D / Y Y Y Y Y Y
 12 / 27 / 2012
Transaction ID : 35681765
 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)..... ▶

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

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

FOR LINE NUMBER:	PAGE 99 OF 118
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

A. Dr Benjamin Kachelman
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 Cedarbrook Ln
 City Killen State AL Zip Code 35645-6866
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2012
Transaction ID : 35681766
 Amount of Each Receipt this Period
125.00

B. Dr Lisa S Howard
 Full Name (Last, First, Middle Initial)
 Mailing Address 147 Glenstone Cir
 City Harrogate State TN Zip Code 37752-3740
 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 M / D D D / Y Y Y Y Y Y
 12 / 27 / 2012
Transaction ID : 35681779
 Amount of Each Receipt this Period
500.00

C. Dr Robert J Esposito
 Full Name (Last, First, Middle Initial)
 Mailing Address 2902 W Espartero Way
 City Phoenix State AZ Zip Code 85086-4203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Eyecare & Vision Therapy Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2012
Transaction ID : 35681780
 Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... **750.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 118
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr Stephen F Bolick
 Full Name (Last, First, Middle Initial)
 Mailing Address 509 Lake Boone Trl
 City Raleigh State NC Zip Code 27608-1027
 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 1000.00

Date of Receipt
 12 / 27 / 2012
Transaction ID : 35681781
 Amount of Each Receipt this Period
 1000.00

B. Dr Nathan H Drum
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 Slate Ledge Rd
 City Littleton State NH Zip Code 03561-3419
 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 740.00

Date of Receipt
 12 / 28 / 2012
Transaction ID : 35681854
 Amount of Each Receipt this Period
 50.00

C. Dr James R Eakin
 Full Name (Last, First, Middle Initial)
 Mailing Address Po Box 1325
 City Laconia State NH Zip Code 03247-1325
 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
 12 / 28 / 2012
Transaction ID : 35681855
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Mark Harris
Full Name (Last, First, Middle Initial)

Mailing Address 137 Pasture Dr

City Manchester State NH Zip Code 03102-4961

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 ▼ 1050.00

Date of Receipt
12 / 28 / 2012
Transaction ID : 35681860

Amount of Each Receipt this Period
50.00

B. Dr David J Helfman
Full Name (Last, First, Middle Initial)

Mailing Address 7 Pierce Ln

City Hollis State NH Zip Code 03049-6209

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
12 / 28 / 2012
Transaction ID : 35681861

Amount of Each Receipt this Period
50.00

C. Dr Sarah J Hudson
Full Name (Last, First, Middle Initial)

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 Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
12 / 28 / 2012
Transaction ID : 35681862

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Richard L Talkington
 Full Name (Last, First, Middle Initial)
 Mailing Address Po Box 521
 City Franklin State NH Zip Code 03235-0521
 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 **1232.00**

Date of Receipt **12 / 28 / 2012**
Transaction ID : 35681889
 Amount of Each Receipt this Period **32.00**

B. Dr Brian J Weber
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Campbell Rd
 City Bedford State NH Zip Code 03110-4504
 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 **415.00**

Date of Receipt **12 / 28 / 2012**
Transaction ID : 35681895
 Amount of Each Receipt this Period **50.00**

C. Dr Mark Alan Arneson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5131 S Bristolwood Ln
 City Lincoln State NE Zip Code 68516-1688
 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 **12 / 28 / 2012**
Transaction ID : 35682198
 Amount of Each Receipt this Period **60.00**

SUBTOTAL of Receipts This Page (optional)..... **142.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Jeremy D Baumfalk
 Full Name (Last, First, Middle Initial)
 Mailing Address 8201 Russwood Cir
 City Lincoln State NE Zip Code 68505-2737
 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 M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : 35682199
 Amount of Each Receipt this Period
 60.00

B. Dr Kyle M Cheatham
 Full Name (Last, First, Middle Initial)
 Mailing Address 18472 Van Camp Dr
 City Omaha State NE Zip Code 68130-4251
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : 35682201
 Amount of Each Receipt this Period
 400.00

C. Dr Karen Ann Culbertson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1204 N 128Th Cir
 City Omaha State NE Zip Code 68154-1286
 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 ▼ 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : 35682202
 Amount of Each Receipt this Period
 64.00

SUBTOTAL of Receipts This Page (optional).....▶	524.00
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 104 OF 118
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Janet Rose Fett
 Full Name (Last, First, Middle Initial)
 Mailing Address 517 S Ridge Dr
 City State Zip Code
 S Sioux City NE 68776-3828
 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 M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : 35682203
 Amount of Each Receipt this Period
 133.34

B. Dr Gary D Finn
 Full Name (Last, First, Middle Initial)
 Mailing Address 6708 N 160Th St
 City State Zip Code
 Omaha NE 68116-4073
 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 ▼
 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : 35682205
 Amount of Each Receipt this Period
 72.00

C. Dr Teri Geist
 Full Name (Last, First, Middle Initial)
 Mailing Address 15620 Grant Cir
 City State Zip Code
 Omaha NE 68116-2416
 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 M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : 35682207
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 505.34
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Donald E Koeber
Full Name (Last, First, Middle Initial)

Mailing Address 1010 Lilac Ln

City Wayne State NE Zip Code 68787-1108

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 **12 / 28 / 2012**

Transaction ID : 35682211

Amount of Each Receipt this Period **60.00**

B. Dr Walter C Mc Cormick
Full Name (Last, First, Middle Initial)

Mailing Address 924 Tibbals St

City Holdrege State NE Zip Code 68949-1653

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **408.00**

Date of Receipt **12 / 28 / 2012**

Transaction ID : 35682215

Amount of Each Receipt this Period **102.00**

C. Dr Richard L Powell
Full Name (Last, First, Middle Initial)

Mailing Address 820 Manchester Cir

City Lincoln State NE Zip Code 68528-1043

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 **12 / 28 / 2012**

Transaction ID : 35682219

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....▶	262.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Paul L Salansky Jr		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 Transaction ID : 35682221
Mailing Address 2521 Whitaker Rd		Amount of Each Receipt this Period 300.00
City Nebraska City	State NE	Zip Code 68410-1025
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dr Joseph Leon Shetler		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 Transaction ID : 35682222
Mailing Address 136 N Pine St		Amount of Each Receipt this Period 64.00
City Gordon	State NE	Zip Code 69343-1532
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.00	

Full Name (Last, First, Middle Initial) C. Dr Mark Toelle		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 Transaction ID : 35682223
Mailing Address 16258 Craig Ave		Amount of Each Receipt this Period 100.03
City Bennington	State NE	Zip Code 68007-1885
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	464.03
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Kimberly J Tucker
Full Name (Last, First, Middle Initial)

Mailing Address 2710 Woodscrest Ave

City Lincoln State NE Zip Code 68502-4059

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
12 / 28 / 2012
Transaction ID : 35682224

Amount of Each Receipt this Period
400.00

B. Dr Ellen L Weiss
Full Name (Last, First, Middle Initial)

Mailing Address 13603 Pflug Rd

City Springfield State NE Zip Code 68059-4838

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
12 / 28 / 2012
Transaction ID : 35682228

Amount of Each Receipt this Period
300.00

C. Dr Darren J Wright
Full Name (Last, First, Middle Initial)

Mailing Address 1702 M St

City Auburn State NE Zip Code 68305-2146

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

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.33**

Date of Receipt
12 / 28 / 2012
Transaction ID : 35682231

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **800.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Alan Peaslee
Full Name (Last, First, Middle Initial)

Mailing Address 4552 Tillman Bluff Rd

City Valdosta State GA Zip Code 31602-0851

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 ▼ **730.00**

Date of Receipt **12 / 31 / 2012**

Transaction ID : 35687714

Amount of Each Receipt this Period **365.00**

B. Dr Shane E Ford
Full Name (Last, First, Middle Initial)

Mailing Address 615 Fieldstone Dr

City Conway State AR Zip Code 72034-7633

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 **12 / 31 / 2012**

Transaction ID : 35687719

Amount of Each Receipt this Period **250.00**

C. Dr Joe L Bunch
Full Name (Last, First, Middle Initial)

Mailing Address 4212 Rosita Ct

City Plano State TX Zip Code 75074-3616

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 **12 / 31 / 2012**

Transaction ID : 35687721

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....▶	1115.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr John Howard Muto
Full Name (Last, First, Middle Initial)

Mailing Address 3146 N 24Th St

City Boise State ID Zip Code 83702-0610

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 **12 / 31 / 2012**

Transaction ID : 35687724

Amount of Each Receipt this Period **500.00**

B. Dr Bennett D Mc Allister
Full Name (Last, First, Middle Initial)

Mailing Address 1674 Windsor Ct

City San Bernardino State CA Zip Code 92407-3363

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 **12 / 31 / 2012**

Transaction ID : 35687726

Amount of Each Receipt this Period **500.00**

C. Dr Shauna B Lushko
Full Name (Last, First, Middle Initial)

Mailing Address 471 Orchard Spring Rd

City Pittsburgh State PA Zip Code 15220-1717

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 **12 / 31 / 2012**

Transaction ID : 35687732

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 110 OF 118
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Dr Andrew Stephen Peyton Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 3473 Crystal Ln
 City Lancaster State PA Zip Code 17601-1167
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : 35687733
 Amount of Each Receipt this Period
 250.00

B. Dr William C Mc Millin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1060 Woodstone Dr
 City Kingsport State TN Zip Code 37663-2930
 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 M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : 35687734
 Amount of Each Receipt this Period
 100.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	44638.52

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

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

FOR LINE NUMBER: PAGE 111 OF 118
(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. Bank of America

Mailing Address PO Box 790251

City State Zip Code
St. Louis MO 63179

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.78**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2012
Transaction ID : 35644975

Amount of Each Receipt this Period
12.43

Bank Interest

Full Name (Last, First, Middle Initial)
B. Bank of America

Mailing Address PO Box 790251

City State Zip Code
St. Louis MO 63179

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **332.37**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2012
Transaction ID : 35705215

Amount of Each Receipt this Period
16.59

BoA 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 General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶ **29.02**

TOTAL This Period (last page this line number only)..... ▶ **29.02**

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Visa/MC Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2012

Transaction ID : 35705221

Amount of Each Disbursement this Period

1006.70

Visa/MC Fees

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
AE Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 05 / 2012

Transaction ID : 35705223

Amount of Each Disbursement this Period

244.71

AE Fees

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 Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 17 / 2012

Transaction ID : 35705225

Amount of Each Disbursement this Period

90.72

Bank Fees

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1342.13

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. WellsFargo

Mailing Address 1650 Tyson Blvd.

City McLean State VA Zip Code 22102

Purpose of Disbursement
Bank Fees

001
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
12		11		2012

Transaction ID : 35705226

Amount of Each Disbursement this Period

1322.56

Bank Fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1322.56

2664.69

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Heidi For Senate

Mailing Address PO Box 1577

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
Debt Retirement

011

Candidate Name

Ms. Heidi Heitkamp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: ND District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2012			

Transaction ID : 35603251

Amount of Each Disbursement this Period

5000.00

Debt Retirement

Full Name (Last, First, Middle Initial)

B. Cartwright For Congress

Mailing Address 672 N River Street Suite 310

City Plains State PA Zip Code 18705

Purpose of Disbursement
Debt Retirement

011

Candidate Name

Mr. Matthew Cartwright

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2012			

Transaction ID : 35635898

Amount of Each Disbursement this Period

5000.00

Debt Retirement

Full Name (Last, First, Middle Initial)

C. Heller For Senate

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement
Debt Retirement

011

Candidate Name

Sen. Dean Heller

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2012			

Transaction ID : 35635899

Amount of Each Disbursement this Period

1000.00

Debt Retirement

SUBTOTAL of Disbursements This Page (optional)..... ▶

11000.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Montanans For Tester

Mailing Address PO Box 3171

City Billings State MT Zip Code 59103

Purpose of Disbursement
Debt Retirement

011
Category/
Type

Candidate Name
Sen. Jon Tester

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MT District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2012

Transaction ID : 35636080

Amount of Each Disbursement this Period

5000.00

Debt Retirement

Full Name (Last, First, Middle Initial)

B. TAC PAC

Mailing Address 228 S. Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Committee Contribution

011
Category/
Type

Candidate Name
TAC PAC

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
12 / 21 / 2012

Transaction ID : 35646739

Amount of Each Disbursement this Period

2500.00

Committee Contribution

Full Name (Last, First, Middle Initial)

C. REINVENTING A NEW DIRECTION - RANDPAC

Mailing Address PO BOX 72598

City NEWPORT State KY Zip Code 41072

Purpose of Disbursement
Committee Contribution

011
Category/
Type

Candidate Name
REINVENTING A NEW DIRECTION - RANDPAC

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
12 / 21 / 2012

Transaction ID : 35646751

Amount of Each Disbursement this Period

1000.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Reclaim America PAC

Mailing Address 228 S Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Reclaim America PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 21 / 2012

Transaction ID : 35646758

Amount of Each Disbursement this Period

1000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

B. Wenstrup For Congress

Mailing Address 512 Missouri Ave

City Cincinnati State OH Zip Code 45226

Purpose of Disbursement
Debt Retirement

011

Candidate Name

Mr. Brad Wenstrup

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

MM / DD / YYYY
12 / 21 / 2012

Transaction ID : 35646761

Amount of Each Disbursement this Period

2500.00

Debt Retirement

Full Name (Last, First, Middle Initial)

C. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement
Void Check

011

Candidate Name

Rep. Pete Stark

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 13

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2012

Transaction ID : 35709477

Amount of Each Disbursement this Period

-1000.00

Void Check

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Pete Sessions For Congress

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement
Void Check

011
Category/
Type

Candidate Name

Rep. Pete Sessions

Office Sought: House
 Senate
 President
State: TX District: 32

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2012

Transaction ID : 35709478

Amount of Each Disbursement this Period

-1500.00

Void Check

Full Name (Last, First, Middle Initial)

B. Lucille Roybal-Allard For Congress

Mailing Address 6 E Street, Se

City Washington State DC Zip Code 20003

Purpose of Disbursement
Void Check

011
Category/
Type

Candidate Name

Rep. Lucille Roybal-Allard

Office Sought: House
 Senate
 President
State: CA District: 40

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2012

Transaction ID : 35709479

Amount of Each Disbursement this Period

-1000.00

Void Check

Full Name (Last, First, Middle Initial)

C. Lee Terry For Congress

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement
Void Check

011
Category/
Type

Candidate Name

Rep. Lee Terry

Office Sought: House
 Senate
 President
State: NE District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2012

Transaction ID : 35709480

Amount of Each Disbursement this Period

-1000.00

Void Check

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

-3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. ORRINPAC

Mailing Address 310 South Main
Suite 1420

City State Zip Code
Salt Lake City UT 84101

Purpose of Disbursement
Void Check

Category/
Type

Candidate Name
ORRINPAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 35709481

Amount of Each Disbursement this Period

Void Check

Full Name (Last, First, Middle Initial)

B. Republican Majority Fund

Mailing Address P O Box 19897

City State Zip Code
Alexandria VA 22320-0897

Purpose of Disbursement
Void Check

Category/
Type

Candidate Name
Republican Majority Fund

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 35709482

Amount of Each Disbursement this Period

Void Check

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Void Check

SUBTOTAL of Disbursements This Page (optional)..... ▶

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