

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

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Optometric Association Political Action Committee

ADDRESS (number and street)

1505 Prince Street

Suite 300

☐ Check if different  
than previously  
reported. (ACC)

Alexandria

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00024968

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report(Q1)
- ☐ July 15  
Quarterly Report(Q2)
- ☐ October 15  
Quarterly Report(Q3)
- ☐ January 31  
Quarterly 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

11

02

2010

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the  
State of

5. Covering Period

10

01

2010

through

10

13

2010

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

Electronically Filed by Thomas E. Nye, O.D.

Date

10

20

2010

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

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

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 51

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

To:

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 3 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 <div>Y Y Y Y<br/>2010</div>   |                         | 395069.19                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....   | 376517.26               |                                   |
| (c) Total Receipts (from Line 19) .....  | 14676.48                | 710419.39                         |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....             | 391193.74               | 1105488.58                        |
| 7. Total Disbursements (from Line 31) .....  | 108058.69               | 822353.53                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 283135.05               | 283135.05                         |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 51

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

To:

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 3 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other<br>Than Political Committees<br>(i) Itemized (use Schedule A) .....            | 12186.48                      | 461994.00                         |
| (ii) Unitemized .....  | 2490.00                       | 237713.74                         |
| (iii) TOTAL (add<br>Lines 11(a)(i) and (ii) .....  | 14676.48                      | 699707.74                         |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees<br>(such as PACs) .....   | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines<br>11(a)(iii),(b) and (c)) (Carry<br>Totals to Line 33, page 5) .....     | 14676.48                      | 699707.74                         |
| 12. Transfers From Affiliated/Other<br>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<br>(Refunds, Rebates, etc.)<br>(Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made<br>to Federal candidates and Other<br>Political Committees .....           | 0.00                          | 10000.00                          |
| 17. Other Federal Receipts<br>(Dividends, Interest, etc.) .....  | 0.00                          | 711.65                            |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account<br>(from Schedule H3) .....  | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d),<br>12, 13, 14, 15, 16, 17, and 18(c)) .....                             | 14676.48                      | 710419.39                         |
| 20. Total Federal Receipts<br>(subtract Line 18(c) from Line 19) .....                                       | 14676.48                      | 710419.39                         |

## DETAILED SUMMARY PAGE

of Disbursements

4 / 51

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS  |           | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |           |                               |                                   |
| (a) Shared 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.....  | 1193.69   | 22140.33                      |                                   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤                        | 1193.69   | 22140.33                      |                                   |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00      | 0.00                          |                                   |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 106500.00 | 688000.00                     |                                   |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00      | 100000.00                     |                                   |
| 25. Coordinated Expenditures Made by Party Committees (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 .....                                  | 365.00    | 1713.20                       |                                   |
| (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)) .....                           | 365.00    | 1713.20                       |                                   |
| 29. Other Disbursements.....   | 0.00      | 10500.00                      |                                   |
| 30. Federal Election Activity (2 U.S.C 431(20))  |           |                               |                                   |
| (a) Shared 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))..       | 108058.69 | 822353.53                     |                                   |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 108058.69 | 822353.53                     |                                   |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 51

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 14676.48                      | 699707.74                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 365.00                        | 1713.20                           |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 14311.48                      | 697994.54                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 1193.69                       | 22140.33                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 1193.69                       | 22140.33                          |

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

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

FOR LINE NUMBER: PAGE 6 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Eric H Knutson

Mailing Address 2830 N W Duchess Pl

City

Corvallis

State

OR

Zip Code

97330-3207

FEC ID number of 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  
1 0 / 0 1 / 2 0 1 0

Transaction ID: 32364646

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Scott M Walters

Mailing Address 1025 Nw Regent Drive

City

Grants Pass

State

OR

Zip Code

97526-0075

FEC ID number of 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  
1 0 / 0 1 / 2 0 1 0

Transaction ID: 32364648

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Deanna Swafford Alexander

Mailing Address 4127 Cedargate Dr

City

Fort Collins

State

CO

Zip Code

80526-3386

FEC ID number of 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

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: 32364654

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 7 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Susan Jong

Mailing Address 9771 Marydale Road

City

Saint Francisville

State

LA

Zip Code

70775-4646

FEC ID number of 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

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: 32364656

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr John D Coble

Mailing Address 1501 Sunset Hill

City

Rockwall

State

TX

Zip Code

75087-3216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0

Transaction ID: 32364659

Amount of Each Receipt this Period

83.35

**C.**

Full Name (Last, First, Middle Initial)

Dr Kevin Katz

Mailing Address 1205 Pin Oak Drive

City

Dickinson

State

TX

Zip Code

77539-3320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1636.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 1 0

Transaction ID: 32374646

Amount of Each Receipt this Period

163.64

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

546.99

**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 8 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Kathleen E Powell

Mailing Address 9710 Copper Drive

City

Anchorage

State

AK

Zip Code

99507-1226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

783.80

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 1 0

Transaction ID: 32374647

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Victoria Ann Blower

Mailing Address 2301 Loussac Dr

City

Anchorage

State

AK

Zip Code

99517-1230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 1 0

Transaction ID: 32374648

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Robert J Fleckenstein

Mailing Address 1830 Rebel Ridge

City

Anchorage

State

AK

Zip Code

99504-2900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 1 0

Transaction ID: 32374666

Amount of Each Receipt this Period

85.00

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

255.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Deborah S Bernay

Mailing Address 1702 Rustic Oak Lane

City

Seabrook

State

TX

Zip Code

77586-4556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 1 0

Transaction ID: 32374669

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Harvey B Richman, FAAO

Mailing Address 136 Main Street

City

Manasquan

State

NJ

Zip Code

08736-3558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 1 0

Transaction ID: 32374670

Amount of Each Receipt this Period

42.50

**C.**

Full Name (Last, First, Middle Initial)

Dr Fred H Dubick

Mailing Address 4047 Meadow Lark Drive

City

Calabasas

State

CA

Zip Code

91302-1844

FEC ID number of 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

M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 1 0

Transaction ID: 32377063

Amount of Each Receipt this Period

500.00

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

642.50

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

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

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

FOR LINE NUMBER: PAGE 10 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Casey M Roelfs

Mailing Address 1254 Noble Hills

City

Boone

State

IA

Zip Code

50036-7569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

Transaction ID: 32377782

Amount of Each Receipt this Period

30.42

**B.**

Full Name (Last, First, Middle Initial)

Dr David L Parker

Mailing Address 4889 Bobo Place

City

Olive Branch

State

MS

Zip Code

38654-8223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

Transaction ID: 32377784

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Dr Brian Roy Murray

Mailing Address 3292 Sunnyslope Dr

City

Clarksville

State

TN

Zip Code

37043-7869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.72

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

Transaction ID: 32377786

Amount of Each Receipt this Period

60.84

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

132.93

**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 11 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr George W Hertneky

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 ▼

385.47

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

Transaction ID: 32377787

Amount of Each Receipt this Period

57.30

**B.**

Full Name (Last, First, Middle Initial)

Dr David Edward Magnus

Mailing Address P O Box 2144

City

Corrales

State

NM

Zip Code

87048-2144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

Transaction ID: 32377788

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Mary Anne C Murphy

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: 32381809

Amount of Each Receipt this Period

25.00

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

132.30

**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 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Dawn K De carlo

Mailing Address 609 Park Lake Circle

City

Birmingham

State

AL

Zip Code

35242-7516

FEC ID number of 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 / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: 32381810

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Lori Ann Youngman

Mailing Address 4535 Nw Aspen St

City

Camas

State

WA

Zip Code

98607-8302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.70

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: 32381811

Amount of Each Receipt this Period

166.67

**C.**

Full Name (Last, First, Middle Initial)

Dr Frederick P Darin

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: 32381812

Amount of Each Receipt this Period

50.00

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

316.67

**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 13 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Edward Lemon

Mailing Address 351 Main St

City

Barnwell

State

SC

Zip Code

29812-2521

FEC ID number of 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  
1 0 / 0 6 / 2 0 1 0

Transaction ID: 32381813

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Keith A Schrunk

Mailing Address 2063 Rock Branch Road

City

Anthon

State

IA

Zip Code

51004-8150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: 32381814

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Christopher J Colburn

Mailing Address 30 Winchester Rd

City

Lakewood

State

NY

Zip Code

14750-1734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: 32381817

Amount of Each Receipt this Period

125.00

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

405.00

**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 14 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Jeffrey A Myers

Mailing Address 4089 Marlowa Drive  
P O Box 116

City State Zip Code  
Groveport OH 43125-9503

FEC ID number of 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  
1 0 / 0 6 / 2 0 1 0

Transaction ID: 32381818

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Dr James Maxwell Ernst

Mailing Address 14 Bittersweet Dr

City State Zip Code  
Alexandria KY 41001-1300

FEC ID number of 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

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: 32381819

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Mark D Esarey

Mailing Address 1680 State Hwy 130

City State Zip Code  
Charleston IL 61920-6752

FEC ID number of 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 / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: 32387433

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: PAGE 15 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Robert Craig Janot

Mailing Address 6910 Windmill Lane

City

Lake Charles

State

LA

Zip Code

70605-0536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: 32389589

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Dr Jonathan L Shrewsbury

Mailing Address P O Box 109  
Green Acres Subdivision

City

Beaver Dam

State

KY

Zip Code

42320-0109

FEC ID number of 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  
1 0 / 0 7 / 2 0 1 0

Transaction ID: 32389590

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Douglas J Walker

Mailing Address P O Box 988

City

Brookings

State

OR

Zip Code

97415-0021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: 32389591

Amount of Each Receipt this Period

25.00

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

191.67

**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 16 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Rebecca H Wartman

Mailing Address 46 Lambeth Walk

City

Fairview

State

NC

Zip Code

28730-7721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: 32389592

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Dr John L Walters

Mailing Address 47 Mast Hill Road

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: 32389593

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Abie R Chadderdon

Mailing Address 2005 Timberline Rd

City

Marshalltown

State

IA

Zip Code

50158-3865

FEC ID number of 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 / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: 32389594

Amount of Each Receipt this Period

500.00

**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 17 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Randolph E Brooks

Mailing Address 3 Schindler Drive

City

Succasunna

State

NJ

Zip Code

07876-1183

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: 32389595

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Steven Arthur Loomis

Mailing Address 6436 Spotted Fawn Run

City

Littleton

State

CO

Zip Code

80125-9055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: 32389597

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dr James H Moser, Jr

Mailing Address 8250 Quail Hollow

City

Texarkana

State

TX

Zip Code

75503-9652

FEC ID number of 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

M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: 32389598

Amount of Each Receipt this Period

250.00

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

650.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Harlan J Vander Griend

Mailing Address 1341 Kahler Court

City

Sheldon

State

IA

Zip Code

51201-1839

FEC ID number of 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  
1 0 / 0 4 / 2 0 1 0

Transaction ID: 32412585

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Timothy D Johnson

Mailing Address 12 Northridge Rd  
P O Box 517

City

Bellows Falls

State

VT

Zip Code

05101-3126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 1 0

Transaction ID: 32412593

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Stephen A Feltus

Mailing Address 77 Old Coach Dr

City

Lyndonville

State

VT

Zip Code

05851

FEC ID number of 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  
1 0 / 0 4 / 2 0 1 0

Transaction ID: 32412595

Amount of Each Receipt this Period

500.00

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

1200.00

**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 19 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Robert D D Magwire

Mailing Address 2312 Cromwell

City

Saint Maries

State

ID

Zip Code

83861-1373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 1 0

Transaction ID: 32412596

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Dorothy L Hitchmoth

Mailing Address Po Box 302  
106 Davis Hill Road

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 ▼

1680.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

Transaction ID: 32417569

Amount of Each Receipt this Period

166.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Claudia M Salas

Mailing Address 4912 E Iowa Road

City

Edinburg

State

TX

Zip Code

78542-6312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

Transaction ID: 32417571

Amount of Each Receipt this Period

365.00

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

631.00

**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 20 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Brenden R White

Mailing Address 864 E Ranch Circle

City

Draper

State

UT

Zip Code

84020-9011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: 32417573

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Thomas M Barreto

Mailing Address 485 Nw Skyline Blvd

City

Portland

State

OR

Zip Code

97229-6849

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: 32417575

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Jacqueline M Bowen

Mailing Address 3930 W 19Th St Ln

City

Greeley

State

CO

Zip Code

80634-3446

FEC ID number of 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  
1 0 / 0 8 / 2 0 1 0

Transaction ID: 32420130

Amount of Each Receipt this Period

50.00

**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 21 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Robert P Nyre

Mailing Address 2505 10Th Ave Nw

City

Minot

State

ND

Zip Code

58703-1754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 1 0

Transaction ID: 32420131

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Albert S Licup

Mailing Address 226 S Harvey Ave

City

Oak Park

State

IL

Zip Code

60302-2579

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.13

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 1 0

Transaction ID: 32420485

Amount of Each Receipt this Period

69.44

**C.**

Full Name (Last, First, Middle Initial)

Dr Creighton A Simmons

Mailing Address 1026 Miller Cove

City

Benton

State

AR

Zip Code

72019-2060

FEC ID number of 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  
1 0 / 0 6 / 2 0 1 0

Transaction ID: 32420604

Amount of Each Receipt this Period

1000.00

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

1109.44

**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 22 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Paul C Bruderer

Mailing Address 385 Miller Way

City

Farmington

State

UT

Zip Code

84025-4508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 1 0

Transaction ID: 32420696

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Brian F Rowley

Mailing Address 619 N 330 W

City

Santaquin

State

UT

Zip Code

84655-5099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
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  
1 0 / 0 9 / 2 0 1 0

Transaction ID: 32420697

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Neha Amin

Mailing Address 2434 W Sienna Bouquet Pl

City

Phoenix

State

AZ

Zip Code

85085-7011

FEC ID number of 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  
1 0 / 0 9 / 2 0 1 0

Transaction ID: 32420699

Amount of Each Receipt this Period

125.00

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

175.00

**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 23 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Barbara L Horn

Mailing Address 61269 Coralburst Dr

City

Washington

State

MI

Zip Code

48094-1746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1590.90

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 1 0

Transaction ID: 32420700

Amount of Each Receipt this Period

159.09

**B.**

Full Name (Last, First, Middle Initial)

Dr David J Esplin

Mailing Address 34 South 590 East

City

Salem

State

UT

Zip Code

84653-5519

FEC ID number of 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 / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 1 0

Transaction ID: 32420701

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)

Dr David J Shippee

Mailing Address Box 307

City

Sherman Oaks

State

ME

Zip Code

04777

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 1 0

Transaction ID: 32420702

Amount of Each Receipt this Period

41.66

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

245.75

**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: PAGE 24 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Mark J Cook

Mailing Address 5698 Mountain Road

City

Brighton

State

MI

Zip Code

48116-9732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 1 0

Transaction ID: 32420703

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Thomas L Lim

Mailing Address 1136 Thorntree Court

City

San Jose

State

CA

Zip Code

95120-1740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

388.92

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 1 0

Transaction ID: 32420706

Amount of Each Receipt this Period

55.56

**C.**

Full Name (Last, First, Middle Initial)

Dr Terry H Berner

Mailing Address 8210 Top Of The World Drive

City

Salt Lake City

State

UT

Zip Code

84121-6060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 1 0

Transaction ID: 32420743

Amount of Each Receipt this Period

42.00

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

197.56

**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 25 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Stacie Layne Virden

Mailing Address 2432 Lake Air Drive

City

Waco

State

TX

Zip Code

76710-1611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.90

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 1 0

Transaction ID: 32420745

Amount of Each Receipt this Period

84.09

**B.**

Full Name (Last, First, Middle Initial)

Dr Paul Philippe Cote

Mailing Address 18 Little Androscoggin Drive

City

Auburn

State

ME

Zip Code

04210-8884

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 1 0

Transaction ID: 32420746

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Dr Christopher L Eddy

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 1 0

Transaction ID: 32420748

Amount of Each Receipt this Period

50.00

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

175.76

**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 26 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Joe Ernest Ellis

Mailing Address 179 Wood Trace

City

Benton

State

KY

Zip Code

42025-9400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.70

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 1 0

Transaction ID: 32420749

Amount of Each Receipt this Period

166.67

**B.**

Full Name (Last, First, Middle Initial)

Dr Michael L Nichols

Mailing Address 3910 Foxcreek Way

City

Columbia

State

MO

Zip Code

65203-8855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 1 0

Transaction ID: 32420750

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Gregory C Russell

Mailing Address 2505 Rivermont Circle

City

Kingsport

State

TN

Zip Code

37660-2392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 1 0

Transaction ID: 32420751

Amount of Each Receipt this Period

83.33

**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: PAGE 27 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Gilbert E Pierce

Mailing Address 8639 Olenbrook Drive

City

Lewis Center

State

OH

Zip Code

43035-8702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 1 0

Transaction ID: 32420752

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Paul Schroeder

Mailing Address 616 12Th Street Sw

City

Le Mars

State

IA

Zip Code

51031-2265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: 32420886

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Gregory Willard Hicks

Mailing Address 419 Bogart Road East

City

Sandusky

State

OH

Zip Code

44870-6404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: 32420887

Amount of Each Receipt this Period

170.00

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

240.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Gregory W Kraupa

Mailing Address 4280 Reiland Lane

City

Shoreview

State

MN

Zip Code

55126-3127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Transaction ID: 32420888

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Charlotte F Nielsen

Mailing Address 118 Whitehall Court

City

Grayslake

State

IL

Zip Code

60030-3492

FEC ID number of 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  
1 0 / 1 2 / 2 0 1 0

Transaction ID: 32422860

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Sheryl A Lentfer

Mailing Address 1345 West 9Th Avenue

City

Anchorage

State

AK

Zip Code

99501-3236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: 32422861

Amount of Each Receipt this Period

84.00

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

226.00

**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 29 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Michael William Lamb

Mailing Address 7531 E Christmas Cholla Dr

City

Scottsdale

State

AZ

Zip Code

85255-2731

FEC ID number of 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  
1 0 / 1 2 / 2 0 1 0

Transaction ID: 32422862

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Jennifer E Davis

Mailing Address 16 Pambrook Dr

City

Fishersville

State

VA

Zip Code

22939-2123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 1 0

Transaction ID: 32422888

Amount of Each Receipt this Period

46.25

**C.**

Full Name (Last, First, Middle Initial)

Dr R. Bryan Boozer

Mailing Address 1602 Wildwood St Sw

City

Cullman

State

AL

Zip Code

35055-4555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: 32425649

Amount of Each Receipt this Period

50.00

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

221.25

**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 30 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Jeffrey David Hill

Mailing Address 126 Treymoor Drive

City

Alabaster

State

AL

Zip Code

35007-3150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: 32425651

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Sarah C Gordon

Mailing Address 252 Inverness Center Dr

City

Birmingham

State

AL

Zip Code

35242-4834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: 32425652

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Brenden R White

Mailing Address 864 E Ranch Circle

City

Draper

State

UT

Zip Code

84020-9011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
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  
1 0 / 1 3 / 2 0 1 0

Transaction ID: 32425653

Amount of Each Receipt this Period

25.00

**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 31 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Brian D Cin

Mailing Address 11912 Town Park Circle

City

Eagle River

State

AK

Zip Code

99577-7788

FEC ID number of 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 / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: 32425677

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Edwin Y Endo

Mailing Address 98828 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 ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

Transaction ID: 32427760

Amount of Each Receipt this Period

41.66

**C.**

Full Name (Last, First, Middle Initial)

Dr Melanie K Oltmanns

Mailing Address 601 14Th St E

City

Dickinson

State

ND

Zip Code

58601-3432

FEC ID number of 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  
1 0 / 0 8 / 2 0 1 0

Transaction ID: 32431834

Amount of Each Receipt this Period

500.00

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

591.66

**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: PAGE 32 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Peter Jeffrey Stein

Mailing Address 26 Arrowhead Drive

City

Guilford

State

CT

Zip Code

06437-3137

FEC ID number of 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  
1 0 / 0 8 / 2 0 1 0

Transaction ID: 32431850

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr William J Mateik

Mailing Address 13 Walnut St

City

Winchendon

State

MA

Zip Code

01475-1626

FEC ID number of 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  
1 0 / 0 8 / 2 0 1 0

Transaction ID: 32431851

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Robert Lee D'Orazio

Mailing Address 1611 Kiva Drive

City

Gallup

State

NM

Zip Code

87301-5767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 1 0

Transaction ID: 32431856

Amount of Each Receipt this Period

100.00

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

600.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 51

(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.**

Full Name (Last, First, Middle Initial)

Dr Perry Savoy

Mailing Address 58 Herbert Ter

City

West Orange

State

NJ

Zip Code

07052-1021

FEC ID number of 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  
1 0 / 0 8 / 2 0 1 0

Transaction ID: 32431857

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Jerry N Ellington, Jr

Mailing Address 932 Meadow Lane

City

Henderson

State

NC

Zip Code

27536-3853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 1 0

Transaction ID: 32501720

Amount of Each Receipt this Period

0.00

## **[MEMO ITEM]**

Refund(s) on Schedule B  
Totaling \$365.00 This changes the YTD Total to \$36-5.00

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

125.00

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

12186.48

# **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)

PAGE 34 / 51

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 |

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.** Full Name (Last, First, Middle Initial)  
Zack Space For Congress Committee

Mailing Address 726 Sixteenth Street Ne

City State Zip Code  
Massillon OH 44646

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Zachary T. Space

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 18

Transaction ID: 32381516

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**B.** Full Name (Last, First, Middle Initial)  
Langevin For Congress

Mailing Address 181a Knight Street

City State Zip Code  
Warwick RI 02886

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. James R. Langevin

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: RI District: 02

Transaction ID: 32381518

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**C.** Full Name (Last, First, Middle Initial)  
Stutzman For Congress

Mailing Address 0250 W 600 N

City State Zip Code  
Howe IN 46746

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Mr. Marlin Stutzman

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 03

Transaction ID: 32381519

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**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)

PAGE 35 / 51

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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Harry Mitchell For Congress

Mailing Address PO Box 23748

City  
Tempe

State  
AZ

Zip Code  
85285

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name  
Rep. Harry Mitchell

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 05

Transaction ID: 32381521

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

**B.**

Full Name (Last, First, Middle Initial)

Becerra For Congress

Mailing Address P.O. Box 261060

City  
Los Angeles

State  
CA

Zip Code  
90026

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name  
Rep. Xavier Becerra

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: 32381522

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**C.**

Full Name (Last, First, Middle Initial)

Hoosiers For Rokita

Mailing Address 7643 East U.S. 36

City  
Avon

State  
IN

Zip Code  
46123

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name  
Mr. Theodore Rokita

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 04

Transaction ID: 32381523

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**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)

PAGE 36 / 51

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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

|   |  |
|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Jeff Duncan For Congress   | <b>Transaction ID:</b> 32381525<br><b>Date of Disbursement</b>   |
| Mailing Address PO Box 732  | <div> <div>10</div> <div>05</div> <div>2010</div> </div>   |
| City Clinton State SC Zip Code 29325  | Amount of Each Disbursement this Period  |
| Purpose of Disbursement<br>Candidate Contribution   | <div>2500.00</div>   |
| Candidate Name<br>Mr. Jeff Duncan   | <div>011</div> Category/<br>Type   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: SC District: 03 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Candidate Contribution  |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Kansans For Huelskamp  | <b>Transaction ID:</b> 32381528<br><b>Date of Disbursement</b>   |
| Mailing Address PO Box 410  | <div> <div>10</div> <div>05</div> <div>2010</div> </div>   |
| City Fowler State KS Zip Code 67844   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement<br>Candidate Contribution   | <div>2000.00</div>   |
| Candidate Name<br>Mr. Timothy Huelskamp   | <div>011</div> Category/<br>Type   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: KS District: 01 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Candidate Contribution  |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Landry For Louisiana   | <b>Transaction ID:</b> 32381533<br><b>Date of Disbursement</b>   |
| Mailing Address PO Box 13816  | <div> <div>10</div> <div>05</div> <div>2010</div> </div>   |
| City New Iberia State LA Zip Code 70562   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement<br>Candidate Contribution   | <div>2500.00</div>   |
| Candidate Name<br>Mr. Jeffrey Landry  | <div>011</div> Category/<br>Type   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: LA District: 03 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Candidate Contribution  |  |

**SUBTOTAL** of Disbursements This Page (optional) .....

**7000.00**

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

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

PAGE 37 / 51

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 |

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

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Shore PAC<br>Mailing Address P O Box 3157   | <b>Transaction ID:</b> 32382399<br><b>Date of Disbursement</b><br><div> <div>10</div> <div>06</div> <div>2010</div> </div>   |
| City Long Branch State NJ Zip Code 07740<br>Purpose of Disbursement<br>Committee Contribution<br>Candidate Name<br>Shore PAC<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼<br>State: District:  | <b>Amount of Each Disbursement this Period</b><br><div>5000.00</div><br><b>Committee Contribution</b>  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>JOEPAC<br>Mailing Address 62 Paradise Lane<br>City Ronks State PA Zip Code 17572<br>Purpose of Disbursement<br>Committee Contribution<br>Candidate Name<br>JOEPAC<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) ▼<br>State: District:   | <b>Transaction ID:</b> 32387434<br><b>Date of Disbursement</b><br><div>10062010</div><br><b>Amount of Each Disbursement this Period</b><br><div>5000.00</div><br><b>Committee Contribution</b> |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Frank Kratovil For Congress<br>Mailing Address 222 Main Sail Drive<br>PO Box 518<br>City Stevensville State MD Zip Code 21666<br>Purpose of Disbursement<br>Candidate Contribution<br>Candidate Name<br>Rep. Frank M. Kratovil, Jr.<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) ▼<br>State: MD District: 01 | <b>Transaction ID:</b> 32420606<br><b>Date of Disbursement</b><br><div>10082010</div><br><b>Amount of Each Disbursement this Period</b><br><div>5000.00</div><br><b>Candidate Contribution</b> |

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**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)

PAGE 38 / 51

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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mikulski For Senate Committee

Mailing Address PO Box 13147

City  
Baltimore

State  
MD

Zip Code  
21203

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name  
Sen. Barbara A. Mikulski

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District:

**Transaction ID:** 32420607

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**B.**

Full Name (Last, First, Middle Initial)

BAMPAC

Mailing Address PO Box 2315

City  
Baltimore

State  
MD

Zip Code  
21203

Purpose of Disbursement  
Committee Contribution

011

Category/  
Type

Candidate Name  
BAMPAC

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** 32420608

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

4000.00

Committee Contribution

**C.**

Full Name (Last, First, Middle Initial)

Blumenauer For Congress

Mailing Address 830 Ne Holladay, #105

City  
Portland

State  
OR

Zip Code  
97232

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name  
Rep. Earl Blumenauer

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 03

**Transaction ID:** 32422950

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**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)

PAGE 39 / 51

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 |

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.

Full Name (Last, First, Middle Initial)

AMERIPAC: The Fund for a Greater America

Mailing Address 1341 G Street NW  
Suite 200

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Committee Contribution

Candidate Name  
AMERIPAC: The Fund for a Greater America

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 32422972

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

2500.00

Committee Contribution

B.

Full Name (Last, First, Middle Initial)

John Salazar For Congress

Mailing Address PO Box 534

City Pueblo State CO Zip Code 81002

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. John T. Salazar

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CO District: 03

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 32422976

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Rob Andrews U.S. House Committee

Mailing Address 215 Fourth Avenue

City Haddon Heights State NJ Zip Code 07076

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Robert E. Andrews

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NJ District: 01

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 32422978

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) .....

5500.00

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 51

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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Rush Holt For Congress

Mailing Address PO Box 782

City  
Pennington

State  
NJ

Zip Code  
08534

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Rush D. Holt

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 12

Transaction ID: 32422980

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Bob Filner For Congress

Mailing Address PO Box 121480

City  
Chula Vista

State  
CA

Zip Code  
91912

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Bob Filner

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 51

Transaction ID: 32422983

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Demint For Senate Committee Inc

Mailing Address PO Box 12425

City  
Columbia

State  
SC

Zip Code  
29211

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Sen. James W. DeMint

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District:

Transaction ID: 32422985

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) .....

8500.00

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)

PAGE 41 / 51

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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

|   |  |
|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Senate Conservatives Fund  | <b>Transaction ID:</b> 32422989<br><b>Date of Disbursement</b> |
| Mailing Address 228 S. Washington St.<br>Suite 115  | <div> <div>10</div> <div>12</div> <div>2010</div> </div>       |
| City Alexandria State VA Zip Code 22314   | Amount of Each Disbursement this Period                        |
| Purpose of Disbursement<br>Committee Contribution<br>Candidate Name<br>Senate Conservatives Fund  | <div>2500.00</div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:                                     | <div>011</div> Category/<br>Type<br><br>Committee Contribution |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Coburn For Senate 2010   | <b>Transaction ID:</b> 32422992<br><b>Date of Disbursement</b> |
| Mailing Address Post Office Box 977   | <div> <div>10</div> <div>12</div> <div>2010</div> </div>       |
| City Muskogee State OK Zip Code 74402   | Amount of Each Disbursement this Period                        |
| Purpose of Disbursement<br>Candidate Contribution<br>Candidate Name<br>Sen. Thomas Allen Coburn, M.D.   | <div>2500.00</div>   |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: OK District:    | <div>011</div> Category/<br>Type<br><br>Candidate Contribution |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Hal Rogers For Congress  | <b>Transaction ID:</b> 32422996<br><b>Date of Disbursement</b> |
| Mailing Address P.O. Box 1214<br>East Mt Vernon St  | <div> <div>10</div> <div>12</div> <div>2010</div> </div>       |
| City Somerset State KY Zip Code 42502   | Amount of Each Disbursement this Period                        |
| Purpose of Disbursement<br>Candidate Contribution<br>Candidate Name<br>Rep. Harold Dallas Rogers  | <div>2000.00</div>   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: KY District: 05 | <div>011</div> Category/<br>Type<br><br>Candidate Contribution |

**SUBTOTAL** of Disbursements This Page (optional) .....

**7000.00**

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 51

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 |

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.

Full Name (Last, First, Middle Initial)

Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City  
Everett

State  
WA

Zip Code  
98206

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name  
Rep. Rick Larsen

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 02

Transaction ID: 32423028

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

TRUST 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  
TRUST PAC

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: 32423060

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

5000.00

Committee Contribution

C.

Full Name (Last, First, Middle Initial)

John S Fund

Mailing Address PO Box 65796

City  
Washington

State  
DC

Zip Code  
20035

Purpose of Disbursement  
Committee Contribution

011

Category/  
Type

Candidate Name  
John S Fund

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: 32423061

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

5000.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional) .....

12000.00

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)

PAGE 43 / 51

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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

New Pioneers PAC

Mailing Address 228 S Washington St  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Committee Contribution

Candidate Name  
New Pioneers PAC

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: 32423062

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

2500.00

Committee Contribution

**B.**

Full Name (Last, First, Middle Initial)

ERIC PAC - Every Republican is Crucial PAC

Mailing Address 4914 Fitzhugh Avenue  
Suite 200

City Richmond State VA Zip Code 23230

Purpose of Disbursement  
Committee Contribution

Candidate Name  
ERIC PAC - Every Republican is Crucial PAC

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: 32423063

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

2500.00

Committee Contribution

**C.**

Full Name (Last, First, Middle Initial)

Ben Chandler For Congress

Mailing Address P. O. Box 12678

City Lexington State KY Zip Code 40508

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Benjamin Chandler

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 06

Transaction ID: 32432584

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**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)

PAGE 44 / 51

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 |

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

|   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Boren For Congress   | <b>Transaction ID:</b> 32432585<br><b>Date of Disbursement</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO Box 148  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 3 |  | 2 | 0 | 1 | 0 |
| M   | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 0   |         | 1 | 3 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Okemah State OK Zip Code 74859   | Amount of Each Disbursement this Period   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Candidate Contribution<br>Candidate Name<br>Rep. Daniel Boren  | <table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>  | 3000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 3000.00   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OK District: 02 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Contribution  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Bill Keating Committee; The  | <b>Transaction ID:</b> 32432586<br><b>Date of Disbursement</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO Box 690353   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 3 |  | 2 | 0 | 1 | 0 |
| M   | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 0   |         | 1 | 3 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Quincy State MA Zip Code 02269   | Amount of Each Disbursement this Period   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Candidate Contribution<br>Candidate Name<br>Mr. William Keating  | <table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>  | 2500.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2500.00   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MA District: 10 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Contribution  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Richmond For Congress  | <b>Transaction ID:</b> 32432587<br><b>Date of Disbursement</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1631 Elysian Fields Suite 150   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 3 |  | 2 | 0 | 1 | 0 |
| M   | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 0   |         | 1 | 3 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City New Orleans State LA Zip Code 70126  | Amount of Each Disbursement this Period   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>Candidate Contribution<br>Candidate Name<br>Mr. Cedric Richmond  | <table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>  | 2500.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2500.00   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: LA District: 02 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Contribution  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**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)

PAGE 45 / 51

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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

|   |  |
|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Issa For Congress  | <b>Transaction ID:</b> 32432589<br><b>Date of Disbursement</b>   |
| Mailing Address P O Box 760   | <div> <div>10</div> <div>13</div> <div>2010</div> </div>   |
| City Vista State CA Zip Code 92085  | Amount of Each Disbursement this Period  |
| Purpose of Disbursement<br>Candidate Contribution   | <div>1000.00</div>   |
| Candidate Name<br>Rep. Darrell E. Issa  | <div>011</div><br>Category/<br>Type  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 49 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Candidate Contribution |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Bill Owens For Congress  | <b>Transaction ID:</b> 32432591<br><b>Date of Disbursement</b>   |
| Mailing Address PO Box 1575   | <div> <div>10</div> <div>13</div> <div>2010</div> </div>   |
| City Plattsburgh State NY Zip Code 12901  | Amount of Each Disbursement this Period  |
| Purpose of Disbursement<br>Candidate Contribution   | <div>2500.00</div>   |
| Candidate Name<br>Rep. Bill Owens   | <div>011</div><br>Category/<br>Type  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 23 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Candidate Contribution |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Scott Murphy For Congress  | <b>Transaction ID:</b> 32432593<br><b>Date of Disbursement</b>   |
| Mailing Address 5 South Side Dr. #224   | <div> <div>10</div> <div>13</div> <div>2010</div> </div>   |
| City Clifton Park State NY Zip Code 12065   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement<br>Candidate Contribution   | <div>1000.00</div>   |
| Candidate Name<br>Rep. Scott M. Murphy  | <div>011</div><br>Category/<br>Type  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 20 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Candidate Contribution |

**SUBTOTAL** of Disbursements This Page (optional) .....

**4500.00**

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 51

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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Denham For Congress

Mailing Address 2150 River Plaza Dr #150

City State Zip Code  
 Sacramento CA 95833

Purpose of Disbursement  
 Candidate Contribution

Candidate Name  
 Mr. Jeff Denham

011  
 Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 19

Transaction ID: 32432594

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

McNerney For Congress

Mailing Address 6520 Village Parkway  
 Second Floor

City State Zip Code  
 Dublin CA 94568

Purpose of Disbursement  
 Candidate Contribution

Candidate Name  
 Rep. Jerry McNerney

011  
 Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 11

Transaction ID: 32432596

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

American Works PAC

Mailing Address PO BOX 76187  
 Suite 800

City State Zip Code  
 Washington DC 20013

Purpose of Disbursement  
 Committee Contribution

Candidate Name  
 American Works PAC

011  
 Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: 32432599

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

1500.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional) .....

5500.00

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 51

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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Boucher For Congress Committee

Mailing Address P.O. Box 2000

City Abingdon State VA Zip Code 24212

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Rick Boucher

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 09

Transaction ID: 32432611

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**B.** Full Name (Last, First, Middle Initial)  
Leahy For U.S. Senator Committee

Mailing Address PO Box 1042

City Montpelier State VT Zip Code 05601

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Sen. Patrick J. Leahy

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VT District:

Transaction ID: 32432614

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

**C.** Full Name (Last, First, Middle Initial)  
Patrick Murphy For Congress

Mailing Address P.O. Box 868

City Levittown State PA Zip Code 19058

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Patrick J. Murphy

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 08

Transaction ID: 32432617

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 51

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 |

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.**

Full Name (Last, First, Middle Initial)

Loeb sack For Congress

Mailing Address PO Box 2720

City

Cedar Rapids

State

IA

Zip Code

52406

Purpose of Disbursement

Candidate Contribution

011

Category/  
Type

Candidate Name

Rep. David Wayne Loeb sack

Office Sought:

☒

House

☐

Senate

☐

President

State: IA

District: 02

Disbursement For:

2010

☐

Primary

☒

General

☐

Other (specify) ▼

Transaction ID: 32432619

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**B.**

Full Name (Last, First, Middle Initial)

Families For James Lankford

Mailing Address 16121 Windrush Pl

City

Edmond

State

OK

Zip Code

73013

Purpose of Disbursement

Candidate Contribution

011

Category/  
Type

Candidate Name

Mr. James Lankford

Office Sought:

☒

House

☐

Senate

☐

President

State: OK

District: 05

Disbursement For:

2010

☐

Primary

☒

General

☐

Other (specify) ▼

Transaction ID: 32432733

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

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

106500.00



# **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)

PAGE 49 / 51

|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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 checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Jerry N Ellington, Jr

Mailing Address 932 Meadow Lane

City  
Henderson

State  
NC

Zip Code  
27536-3853

Purpose of Disbursement  
Contribution Refund

Candidate Name

010

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 32431769

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

365.00

Contribution Refund

SUBTOTAL of Disbursements This Page (optional) .....

365.00

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

365.00

# **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)

PAGE 50 / 51

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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

|  |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|-----|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Wachovia Federal  | <b>Transaction ID:</b> 32445845<br><b>Date of Disbursement</b>  |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1650 Tyson Blvd.   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M   | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 1 | 2 |  | 2 | 0 | 1 | 0 |
| M  | M   | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |     | 1 | 2 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City McLean State VA Zip Code 22102  | <b>Amount of Each Disbursement this Period</b>  |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Bank Fee   | <table border="1"> <tr> <td>5</td><td>8</td><td>5</td><td>.</td><td>9</td><td>3</td> </tr> </table>   | 5   | 8 | 5 | . | 9 | 3 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 5  | 8   | 5   | . | 9 | 3 |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | <table border="1"> <tr> <td>001</td> </tr> </table> Category/<br>Type   | 001 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 001  |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Bank Fee   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Bank of America   | <b>Transaction ID:</b> 32469913<br><b>Date of Disbursement</b>  |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO Box 790251  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M   | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 0 | 5 |  | 2 | 0 | 1 | 0 |
| M  | M   | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |     | 0 | 5 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City St. Louis State MO Zip Code 63179   | <b>Amount of Each Disbursement this Period</b>  |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement American Express Fee   | <table border="1"> <tr> <td>8</td><td>7</td><td>.</td><td>1</td><td>0</td> </tr> </table>   | 8   | 7 | . | 1 | 0 |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 8  | 7   | .   | 1 | 0 |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | <table border="1"> <tr> <td>001</td> </tr> </table> Category/<br>Type   | 001 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 001  |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>American Express Fee   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Bank of America   | <b>Transaction ID:</b> 32469914<br><b>Date of Disbursement</b>  |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO Box 790251  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M   | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 |  | 0 | 1 |  | 2 | 0 | 1 | 0 |
| M  | M   | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1  | 0   |     | 0 | 1 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City St. Louis State MO Zip Code 63179   | <b>Amount of Each Disbursement this Period</b>  |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Bank Fee   | <table border="1"> <tr> <td>4</td><td>8</td><td>7</td><td>.</td><td>2</td><td>6</td> </tr> </table>   | 4   | 8 | 7 | . | 2 | 6 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 4  | 8   | 7   | . | 2 | 6 |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | <table border="1"> <tr> <td>001</td> </tr> </table> Category/<br>Type   | 001 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 001  |   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Bank Fee   |     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**1160.29**

**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)

PAGE 51 / 51

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 790251

City  
St. Louis

State  
MO

Zip Code  
63179

Purpose of Disbursement  
Discover Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 32469915

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

33.40

Discover Fee

SUBTOTAL of Disbursements This Page (optional) .....

33.40

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

1193.69