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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		For Other I nan an Authorized Committee	Office Use Only
1.		USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines	
L	American Optometric Associa	ation Political Action Committee	
Ш			
AD	DRESS (number and street)	1505 Prince Street	
	Check if different	Suite 300	
L	than previously reported. (ACC)	Alexandria	VA 22314 - 1
2.	FEC IDENTIFICATION NUM	BER V CITY	STATE A ZIPCODE A
	C00024968	3. IS THIS X NEW (N) OR	AMENDED (A)
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report Feb 20 (M2) May 20 (M5)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due On: Mar 20 (M3) Jun 20 (M6)	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report(Q	Apr 20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
	July 15	(c) 12-Day Primary (12P)	X General (12G) Runoff (12R)
	Quarterly Report(Q2	Report for the: Convention (12C)	Special (12S)
	Quarterly Report(Q: January 31 Quarterly Report(YE	11 02	2 0 1 0 in the State of
	July 31 Mid-Year Report(Non-electior Year Only) (MY)	(d) 30-Day Post -Election General (30G)	Runoff (30R) Special (30S)
	Termination Report	Report for the:	
	(TER)	Election on	in the State of
5.	Covering Period 1 0	0 1 2 0 1 0 through 1 0	13 2010
l ce	ertify that I have examined this F	Report and to the best of my knowledge and belief it is true, correct	and complete.
Тур	oe or Print Name of Treasurer	Thomas E. Nye, O.D.	
Sig	nature of Treasurer Electron	nically Filed by Thomas E. Nye, O.D.	Date 10 20 2010
NO	TE: Submission of false, erron	eous, or incomplete information may subject the person signing th	nis Report to the penalties of 2 U.S.C 437g.
	Office Use Only		FEC FORM 3X (Rev. 12/2004)
FE	6AN026		

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/51

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name American Ontometric Association Political Action Committee

F	Report Covering the Period: From:	0 1 Y Y Y Y Y 2 0 1 0	To: 13 2010
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 Y Y Y		395069.19
	(b) Cash on Hand at Begining of Reporting Period	376517.26	
	(c) Total Receipts (from Line 19)	14676.48	710419.39
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 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		
	Reporting Period (subtract Line 7 from Line 6(d))	283135.05	283135.05
9.	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 51

D D 13

2 0 1 0

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From:

M M M 1 0 0 1 Y Y W Y TO:

To:

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

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 51

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	1193.69	22140.33
(c) Total Operating Expenditures	1193.69	22140.33
(add 21(a)(i), (a)(ii) and (b))	1190.00	22140.00
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	106500.00	688000.00
. Independent Expenditure (use Schedule E)	0.00	100000.00
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
(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	365.00	1713.20
(add Lines 28(a), (b), and (c))		
. Other Disbursements	0.00	10500.00
. 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	0.00	0.00
With Federal Funds (c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	108058.69	822353.53
. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	108058.69	822353.53
	. 30000.00	322333.30

DETAILED SUMMARY PAGE

of Disbursements

5 / 51 FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Opera Expenditures	ting COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans from Line 11(d), page 3)	· ·	699707.74
4. Total Contribution Refunds (from Line 28(d))	365.00	1713.20
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	14011 40	697994.54
 Total Federal Operating Expenditure (add Line 21(a)(i) and Line 21(b)) 	1103 60	22140.33
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	1193.69	22140.33

FE6AN026

or f	vinformation copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol	Statements may not be so e name and address of a	old or used by any persor	for the purpose of soliciting contributions
	• • •		iny pontical committee to s	solicit contributions from such committee.
		itical Action Committ	tee	
	Full Name (Last, First, Middle Initial) Dr Eric H Knutson			Date of Receipt
	Mailing Address 2830 N W Duchess P			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip C	Code	Transaction ID: 32364646
	Corvallis	OR 9733	30-3207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
•	Name of Employer Self Employed	Occupation Doctor of Optome	etry]
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-E	Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr Scott M Walters			Date of Receipt
	Mailing Address 1025 Nw Regent Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		Code	Transaction ID: 32364648
	Grants Pass	OR 9752	26-0075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
•	Name of Employer Self Employed	Occupation Doctor of Optome	etry]
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Dr Deanna Swafford Alexander	1		Date of Receipt
	Mailing Address 4127 Cedargate Dr			10 01 7 2010
	City	·	Code	Transaction ID: 32364654
	Fort Collins	CO 8052	26-3386	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Doctor of Optome	etry	
•	Receipt For:	Aggregate Year-to-D	Date ▼	
	Primary General Other (specify) ▼	0 0 0	750.00	
SI SI	JBTOTAL of Receipts This Page (optional) .	1		625.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each	parate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 7/51 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Ai or	ny information copied from such Reports and for commercial purposes, other than using th	Statements may not be sole name and address of an	ld or used by any perso y political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Po	itical Action Committe	ee	
	Full Name (Last, First, Middle Initial) Dr Susan Jong			Date of Receipt
	Mailing Address 9771 Marydale Road			10 01 2010
	City	State Zip Co		Transaction ID: 32364656
	Saint Francisville	LA 7077	5-4646	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation Doctor of Optome	try	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Di	ate ▼ 1500.00	
	Full Name (Last, First, Middle Initial) Dr John D Coble	1		Date of Receipt
	Mailing Address 1501 Sunset Hill			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Co	ode	Transaction ID: 32364659
	Rockwall	TX 7508	7-3216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.35
	Name of Employer Self Employed	Occupation Doctor of Optome	try	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Di	ate ▼ 833.50	
	Full Name (Last, First, Middle Initial) Dr Kevin Katz			Date of Receipt
	Mailing Address 1205 Pin Oak Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Co		Transaction ID: 32374646
	Dickinson	TX 77539	9-3320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		163.64
	Name of Employer Self Employed	Occupation Doctor of Optome	try	
	Receipt For:	Aggregate Year-to-Da	ate V	
	Primary General Other (specify)		1636.40	
Г				546.99

SCHEDULE A (FEC Form 3X)

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) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Politics	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Kathleen E Powell Mailing Address 9710 Copper Drive City Anchorage FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code AK 99507-1226 C Occupation Doctor of Optometry Aggregate Year-to-Date 783.80	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Victoria Ann Blower Mailing Address 2301 Loussac Dr City Anchorage FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code AK 99517-1230 C Occupation Doctor of Optometry Aggregate Year-to-Date 425.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Robert J Fleckenstein Mailing Address 1830 Rebel Ridge City Anchorage FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code AK 99504-2900 C Occupation Doctor of Optometry Aggregate Year-to-Date 850.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 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

SCHEDULE A (FEC Form 3X)

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) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	Statements may not be sold or used by any personal personame and address of any political committee to itical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Deborah S Bernay Mailing Address 1702 Rustic Oak Land City Seabrook FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TX 77586-4556 C Occupation Doctor of Optometry Aggregate Year-to-Date 800.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Harvey B Richman, FAAO Mailing Address 136 Main Street City Manasquan FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code NJ 08736-3558 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) Full Name (Last, First, Middle Initial) Dr Fred H Dubick Mailing Address 4047 Meadow Lark D City Calabasas FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code CA 91302-1844 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 4 2 0 1 0 Transaction ID: 32377063 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)	Doctor of Optometry Aggregate Year-to-Date ▼ 1500.00	642.50

A. Full N B. Full N City City City Boor FEC I federa Recei Recei Name Self E Recei Recei Recei	mmercial purposes, other than using the Coff COMMITTEE (In Full) rican Optometric Association P lame (Last, First, Middle Initial) sey M Roelfs g Address 1254 Noble Hills ne ID number of contributing all political committee. of Employer mployed pt For: Primary General Other (specify) lame (Last, First, Middle Initial)	the name and address of any po	litical committee to s	Date of Receipt Date of Receipt Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full N Boor FEC I federa Recei Recei Recei	lame (Last, First, Middle Initial) sey M Roelfs g Address 1254 Noble Hills D number of contributing al political committee. of Employer imployed pt For: Primary General Other (specify)	State Zip Code IA 50036-75 C Occupation Doctor of Optometry	V	Transaction ID: 32377782 Amount of Each Receipt this Period
A. Dr Ca. Mailin City Boor FEC I federa Name Self E Recei Name Self E Recei Recei	sey M Roelfs g Address 1254 Noble Hills ne ID number of contributing al political committee. of Employer Employed pt For: Primary General Other (specify) lame (Last, First, Middle Initial)	C Occupation Doctor of Optometry	V	Transaction ID: 32377782 Amount of Each Receipt this Period
Full N Boor FEC I federa Recei Full N Mailin City Olive FEC I federa Recei	ne ID number of contributing al political committee. e of Employer Employed pt For: Primary General Other (specify) lame (Last, First, Middle Initial)	C Occupation Doctor of Optometry	V	Transaction ID: 32377782 Amount of Each Receipt this Period
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Recei Relation of the state of	D number of contributing al political committee. of Employer Employed pt For: Primary General Other (specify) lame (Last, First, Middle Initial)	Occupation Doctor of Optometry	V	
Full N Pr Da Mailin City Olive FEC I federa Recei	al political committee. e of Employer Employed pt For: Primary General Other (specify) lame (Last, First, Middle Initial)	Occupation Doctor of Optometry	1 1 1 1	30.42
Full N Dr Da Mailin City Olive FEC I federa Name Self E	pt For: Primary General Other (specify) ▼ lame (Last, First, Middle Initial)	Doctor of Optometry	1 1 1 1	
Full N Dr Da Mailin City Olive FEC I federa Name Self E	Primary General Other (specify) ▼ lame (Last, First, Middle Initial)	Aggregate Year-to-Date	1 1 1 1	
Full N Dr Da Mailin City Olive FEC I federa Name Self E	Other (specify) ▼ lame (Last, First, Middle Initial)	0 0 0 0 0	304.20	
B. Dr Da Mailin City Olive FEC I federa Name Self E	,			
City Olive FEC I federa Name Self E	vid L Parker			Date of Receipt
Olive FEC I federa Name Self E	g Address 4889 Bobo Place			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Recei		State Zip Code		Transaction ID: 32377784
Name Self E	e Branch	MS 38654-82	23	Amount of Each Receipt this Period
Recei	ID number of contributing al political committee.	C		41.67
	of Employer Employed	Occupation Doctor of Optometry		
	pt For:	Aggregate Year-to-Date	▼	
	Primary General Other (specify) ▼		416.70	
	lame (Last, First, Middle Initial) an Roy Murray			Date of Receipt
Mailin	g Address 3292 Sunnyslope Dr	•		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State Zip Code		Transaction ID: 32377786
	ksville	TN 37043-78	69	Amount of Each Receipt this Period
	D number of contributing al political committee.	C		60.84
Name Self E	of Employer Employed	Occupation Doctor of Optometry		
	pt For:	Aggregate Year-to-Date	▼	
	Primary General Other (specify) ▼		486.72	
SUBTO)		132.93

SCHEDULE A (FEC FOI ITEMIZED RECEIPTS	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 51 (check only one) X 11a
Any information copied from such Re or for commercial purposes, other the NAME OF COMMITTEE (In Full) American Optometric Associations	an using the name and ac	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Init Dr George W Hertneky Mailing Address 16862 Coun City Brush FEC ID number of contributing federal political committee. Name of Employer Self Employed	State CO C Occupation	Zip Code 80723-9424 on of Optometry	Date of Receipt 1 0 0 5 2 0 1 0 Transaction ID: 32377787 Amount of Each Receipt this Period 57.30
Receipt For: Primary General Other (specify)		te Year-to-Date ▼ 385.47	
Dr David Edward Magnus Mailing Address P O Box 21 City Corrales FEC ID number of contributing federal political committee. Name of Employer Self Employed	State NM C	Zip Code 87048-2144 on of Optometry	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)		te Year-to-Date ▼ 300.00]
Dr Mary Anne C Murphy Mailing Address 16683 Cathe City Broomfield FEC ID number of contributing federal political committee.	,	Zip Code 80023-4645	Date of Receipt M M M / D D / 2 0 1 0 Transaction ID: 32381809 Amount of Each Receipt this Period 25.00
Name of Employer Self Employed Receipt For: Primary General Other (specify)		on of Optometry te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page	(optional)		132.30

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 51 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Dawn K De carlo Mailing Address 609 Park Lake Circ City Birmingham FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code AL 35242-7516 C	Date of Receipt 10 06 2010 Transaction ID: 32381810 Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Doctor of Optometry Aggregate Year-to-Date ▼ 400.00]
Full Name (Last, First, Middle Initial) Dr Lori Ann Youngman Mailing Address 4535 Nw Aspen St		Date of Receipt 10 06 2010
City Camas FEC ID number of contributing federal political committee.	State Zip Code WA 98607-8302	Transaction ID: 32381811 Amount of Each Receipt this Period 166.67
Name of Employer Self Employed	Occupation Doctor of Optometry Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ¥	
Full Name (Last, First, Middle Initial) Dr Frederick P Darin Mailing Address 405 Tirrell Rd	'	Date of Receipt 1 0 0 6 2 0 1 0
City	State Zip Code	Transaction ID: 32381812
Charlotte FEC ID number of contributing federal political committee.	MI 48813-2131	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	316.67

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 51 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than usin	and Statements may not be sold or used by any person gethe name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Edward Lemon		Date of Receipt
Mailing Address 351 Main St		10 06 YYYYY 10 06 2010
City	State Zip Code	Transaction ID: 32381813
<u>Barnwell</u>	SC 29812-2521	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Keith A Schrunk		Date of Receipt
Mailing Address 2063 Rock Branch	n Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 32381814
Anthon	IA 51004-8150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Christopher J Colburn		Date of Receipt
Mailing Address 30 Winchester Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 32381817
Lakewood	NY 14750-1734	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (option	nal)	405.00

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) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli		n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Jeffrey A Myers		Date of Receipt
Mailing Address 4089 Marlowa Drive P O Box 116		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 32381818
Groveport	OH 43125-9503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr James Maxwell Ernst	<u> </u>	Date of Receipt
Mailing Address 14 Bittersweet Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 32381819
<u>Alexandria</u>	KY 41001-1300	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr Mark D Esarey		Date of Receipt
Mailing Address 1680 State Hwy 130		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charleston	State Zip Code IL 61920-6752	Transaction ID: 32387433 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)	······	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Benorts	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 15 / 51 (check only one) X
or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) American Optometric Association	ng the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Robert Craig Janot Mailing Address 6910 Windmill La	nno	Date of Receipt
		10 07 2010
City	State Zip Code	Transaction ID: 32389589
Lake Charles FEC ID number of contributing federal political committee.	C 70605-0536	Amount of Each Receipt this Period 41.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	
Full Name (Last, First, Middle Initial) B. Dr Jonathan L Shrewsbury		Date of Receipt
Mailing Address P O Box 109 Green Acres Sub		1 0 0 7 2 0 1 0
City Beaver Dam	State Zip Code KY 42320-0109	Transaction ID: 32389590 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Douglas J Walker		Date of Receipt
Mailing Address P O Box 988		10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 32389591
Brookings	OR 97415-0021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	191.67

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 51 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	T Gilliour / Idion Committee	<u> </u>
Dr Rebecca H Wartman		Date of Receipt
Mailing Address 46 Lambeth Walk		10 07 YYYY 10 07 2010
City	State Zip Code	Transaction ID: 32389592
Fairview	NC 28730-7721	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial)		Data of Descript
Dr John L Walters Mailing Address 47 Mast Hill Road		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 32389593
Saco	ME 04072-9338	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Abie R Chadderdon	I	Date of Receipt
Mailing Address 2005 Timberline F	Rd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 32389594
<u>Marshalltown</u>	IA 50158-3865	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Penerts and State	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 51 (check only one) X
	Any information copied from such Reports and State or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) American Optometric Association Political	me and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Dr Randolph E Brooks Mailing Address 3 Schindler Drive City Succasunna FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code NJ 07876-1183 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 7 2 0 1 0 Transaction ID: 32389595 Amount of Each Receipt this Period 200.00
- B.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Steven Arthur Loomis Mailing Address 6436 Spotted Fawn Run City Littleton FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code CO 80125-9055 C Occupation Doctor of Optometry Aggregate Year-to-Date 2000.00	Date of Receipt M M / D D / Y Y Y Y Y 1 0 7 2 0 1 0 Transaction ID: 32389597 Amount of Each Receipt this Period 200.00
С.	Full Name (Last, First, Middle Initial) Dr James H Moser, Jr Mailing Address 8250 Quail Hollow City Texarkana FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TX 75503-9652 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 32389598 Amount of Each Receipt this Period 250.00
	SUBTOTAL of Receipts This Page (optional)	>	650.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and a fer comparain purposes other than union to the comparain purposes of the comparain purposes.	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 51 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Association Po	he name and address of any political committee to olitical Action Committee	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Harlan J Vander Griend Mailing Address 1341 Kahler Court		Date of Receipt 1 0 0 4 2 0 1 0
City	State Zip Code	Transaction ID: 32412585
Sheldon	IA 51201-1839	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Timothy D Johnson		Date of Receipt
Mailing Address 12 Northridge Rd P O Box 517		10 04 7 2010
City Bellows Falls	State Zip Code VT 05101-3126	Transaction ID: 32412593
FEC ID number of contributing federal political committee.	C 05101-3126	Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Stephen A Feltus		Date of Receipt
Mailing Address 77 Old Coach Dr		M M / D D / Y Y Y Y Y 1 Y 1 1 0 0 4 0 2 0 1 0
City Lyndonville	State Zip Code VT 05851	Transaction ID: 32412595 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1200.00

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) X 11a 11b 11c 12
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
American Optometric Association F Full Name (Last, First, Middle Initial)	Political Action Committee	
Dr Robert D D Magwire Mailing Address 2312 Cromwell		Date of Receipt 1 0 0 4 2 0 1 0
City	State Zip Code	Transaction ID: 32412596
Saint Maries	ID 83861-1373	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Dr Dorothy L Hitchmoth		Date of Receipt
Mailing Address Po Box 302 106 Davis Hill Road		10 05 2010
City	State Zip Code	Transaction ID: 32417569
New London	NH 03257-0302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1680.00	
Full Name (Last, First, Middle Initial) Dr Claudia M Salas		Date of Receipt
Mailing Address 4912 E Iowa Road		10 05 YYYYY 10 05 2010
City	State Zip Code	Transaction ID: 32417571
Edinburg	TX 78542-6312	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional	l)	631.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 51 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Optometric Association Polit	tical Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Brenden R White			Date of Receipt
	Mailing Address 864 E Ranch Circle			10 06 2010
	City	State	Zip Code	Transaction ID: 32417573
	<u>Draper</u>	UT	84020-9011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
- В.	Full Name (Last, First, Middle Initial) Dr Thomas M Barreto			Date of Receipt
	Mailing Address 485 Nw Skyline Blvd			10 06 YYYYY 10 06 2010
	City	State	Zip Code	Transaction ID: 32417575
	Portland	OR	97229-6849	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		625.00	
- С.	Full Name (Last, First, Middle Initial) Dr Jacqueline M Bowen	<u>I</u>		Date of Receipt
	Mailing Address 3930 W 19Th St Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 32420130
	Greeley	CO	80634-3446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			575.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 51 (check only one) X 11a
or for commercial purposes, other than u NAME OF COMMITTEE (In Full) American Optometric Association	ts and Statements may not be sold or used by any person sing the name and address of any political committee to on Political Action Committee	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Robert P Nyre Mailing Address 2505 10Th Ave	Nw	Date of Receipt
City <u>Minot</u>	State Zip Code ND 58703-1754	Transaction ID: 32420131 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 320.00	
Full Name (Last, First, Middle Initial) Dr Albert S Licup Mailing Address 226 S Harvey A	ve	Date of Receipt 10 08 2010
City Oak Park FEC ID number of contributing federal political committee.	State Zip Code IL 60302-2579 C	Transaction ID: 32420485 Amount of Each Receipt this Period 69.44
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 361.13	
Full Name (Last, First, Middle Initial) Dr Creighton A Simmons Mailing Address 1026 Miller Cov	e	Date of Receipt
City Benton	State Zip Code AR 72019-2060	Transaction ID: 32420604 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry Aggregate Year-to-Date	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (opt	tional)	1109.44

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may in a name and addr	not be sold or used by any person ess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Poli	itical Action C	ommittee	
Full Name (Last, First, Middle Initial) Dr Paul C Bruderer			Date of Receipt
Mailing Address 385 Miller Way			M M / D D / Y Y Y Y Y Y 10 10 10 10 10 10 10 10 10 10 10 10 10
City	State	Zip Code	Transaction ID: 32420696
<u>Farmington</u>	UT	84025-4508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	1
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)			Data of Daggint
Dr Brian F Rowley Mailing Address 619 N 330 W			Date of Receipt
City	State	Zip Code	1 0 0 9 2 0 1 0 Transaction ID: 32420697
<u>Santaquin</u>	UT	84655-5099	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Neha Amin			Date of Receipt
Mailing Address 2434 W Sienna Bouqu	uet PI		10 09 2010
City	State	Zip Code	Transaction ID: 32420699
Phoenix	AZ	85085-7011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify) ▼	, '	Year-to-Date ▼	
Other (specify) SUBTOTAL of Receipts This Page (optional)		0 0 0 0 0 0 0	175.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 51 (check only one) X 11a 11b 11c 12
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association	n Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Barbara L Horn		Date of Receipt
Mailing Address 61269 Coralburst	Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 32420700
Washington	MI 48094-1746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	159.09
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1590.90	
Full Name (Last, First, Middle Initial) Dr David J Esplin		Date of Receipt
Mailing Address 34 South 590 Eas	st	M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State Zip Code	Transaction ID: 32420701
Salem	UT 84653-5519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr David J Shippee	I	Date of Receipt
Mailing Address Box 307		10 09 2010
City	State Zip Code	Transaction ID: 32420702
Sherman Oaks	ME 04777	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.60	
SUBTOTAL of Receipts This Page (option	onal)	245.75

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24/51 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association I	Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr Mark J Cook			Date of Receipt
Mailing Address 5698 Mountain Roa	ad		M M / D D / Y Y Y Y Y 1 1 0 0 9 2 0 1 0
City Brighton	State MI	Zip Code 48116-9732	Transaction ID: 32420703 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10110 0702	100.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Thomas L Lim			Date of Receipt
Mailing Address 1136 Thorntree Co	urt		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 32420706
San Jose FEC ID number of contributing federal political committee.	CA	95120-1740	Amount of Each Receipt this Period 55.56
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 388.92	
Full Name (Last, First, Middle Initial) Dr Terry H Berner			Date of Receipt
Mailing Address 8210 Top Of The W	Vorld Drive		10 10 2010
City Salt Lake City	State UT	Zip Code 84121-6060	Transaction ID: 32420743 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	C4121 0000	42.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 420.00	
SUBTOTAL of Receipts This Page (optional	I		197.56

City State Zip Code TX 76710-1611 FEC ID number of contributing federal political committee. Name of Employed Doctor of Optometry Receipt For:	R: PAGE 25/51
Full Name (Last, First, Middle Initial) Dr Stacie Layne Virden Mailing Address 2432 Lake Air Drive City State Zip Code TX 76710-1611 FEC ID number of contributing federal political committee. Name of Employer Self Employed Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Paul Philippe Cote Mailing Address 18 Little Androscoggin Drive FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: Amount of Each C Date of Receipt Transaction ID: Amount of Each C Date of Receipt Transaction ID: Amount of Each Date of Receipt Transaction ID: Amount of Each C Date of Receipt Transaction ID: Amount of Each C Date of Receipt Transaction ID: Amount of Each Transaction ID: Amount of Each Date of Receipt Transaction ID: Amount of Each Transaction ID: Amount of Each Date of Receipt Transaction ID: Amount of Each Date of Receipt Transaction ID: Amount of Each C Occupation Doctor of Optometry Self Employed Self Employed Occupation Doctor of Optometry Self	liciting contributions m such committee.
Dr Stacie Layne Virden Mailing Address 2432 Lake Air Drive City Waco State Zip Code TX 76710-1611 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ Bull Name (Last, First, Middle Initial) Dr Paul Philippe Cote Mailing Address 18 Little Androscoggin Drive City State Zip Code Mailing Address 18 Little Androscoggin Drive City State Zip Code Mailing Address 18 Little Androscoggin Drive City State Zip Code ME 04210-8884 FEC ID number of contributing federal political committee. Name of Employer Self Employed Primary General Occupation Doctor of Optometry Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Christopher L Eddy Mailing Address 6306 Buchanan St City State Zip Code Code Code Code Code Code Code Code	
City Waco TX 76710-1611 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ City Auburn City Auburn Name of Employer Self Employed City Auburn Name of Contributing federal political committee. Name of Employer Self Employed City Auburn Auburn City Auburn Auburn City Auburn City Auburn City Auburn Auburn Auburn Auburn Auburn Auburn Auburn Auburn City Auburn Aubur	
Waco TX 76710-1611	0 2010
FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Primary General Other (specify) ▼	
Name of Employer Self Employer Self Employed Doctor of Optometry	Receipt this Period
Receipt For: Primary	84.09
Receipt For:	
Full Name (Last, First, Middle Initial) Dr Paul Philippe Cote Mailing Address 18 Little Androscoggin Drive City State Zip Code Auburn ME 04210-8884 FEC ID number of contributing federal political committee. Name of Employer Self Employed Other (specify) ▼ City Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr Christopher L Eddy Mailing Address 6306 Buchanan St City State Zip Code Aggregate Year-to-Date ▼ Transaction ID: Transaction ID: Aggregate Year-to-Date ▼ 1 0 Transaction ID: City State Zip Code Fort Collins CO 80525-5810 Amount of Each Date of Receipt Amount of Each C Amount of Each Date of Receipt Amount of Each Date of Receipt Amount of Each FEC ID number of contributing federal political committee. C	
Dr Paul Philippe Cote Mailing Address 18 Little Androscoggin Drive City State Zip Code Auburn ME 04210-8884 FEC ID number of contributing federal political committee. Name of Employer Self Employed Other (specify) ▼ City State Zip Code Amount of Each C Primary General Other (specify) ▼ City State Zip Code Aggregate Year-to-Date ▼ Date of Receipt Amount of Each Date of Receipt Transaction ID: Amount of Each Date of Receipt Amount of Each C C Date of Receipt Amount of Each C C Amount of Each C C C C C C C C C C C C C	
Mailing Address 18 Little Androscoggin Drive City State Zip Code ME 04210-8884 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr Christopher L Eddy Mailing Address 6306 Buchanan St City State Zip Code Transaction ID: Amount of Each Date of Receipt M M M M M M M M M M M M M M M M M M M	
Auburn ME 04210-8884 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ City State Zip Code Transaction ID: Fort Collins CO 80525-5810 City State Zip Code Transaction ID: FEC ID number of contributing federal political committee. Name of Employer Self Employed City State Zip Code Transaction ID: Amount of Each Amount of Each Amount of Each City State Zip Code Transaction ID: Amount of Each City State Zip Code Transaction ID: Amount of Each Amount of Each Date of Receipt C Aggregate Year-to-Date ▼ Amount of Each	0 Y Y Y Y Y Y O 1 0
FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Christopher L Eddy Mailing Address 6306 Buchanan St City State Zip Code Transaction ID: Fort Collins CO 80525-5810 FEC ID number of contributing federal political committee. Name of Employer Self Employed Name of Employer General Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Transaction ID: Amount of Each Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	32420746
Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Christopher L Eddy Mailing Address 6306 Buchanan St City Fort Collins CO 80525-5810 Date of Receipt Transaction ID: Amount of Each FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Occupation Doctor of Optometry Aggregate Year-to-Date ▼	Receipt this Period
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Dr Christopher L Eddy Mailing Address 6306 Buchanan St City State Zip Code Fort Collins CO 80525-5810 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Aggregate Year-to-Date ▼ Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	41.67
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Christopher L Eddy Mailing Address 6306 Buchanan St City State Zip Code Fort Collins CO 80525-5810 FEC ID number of contributing federal political committee. Name of Employer Self Employed Name of Employed Primary General Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Primary General	
Date of Receipt Mailing Address 6306 Buchanan St City State Zip Code Fort Collins CO 80525-5810 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Date of Receipt Transaction ID: Amount of Each Occupation Doctor of Optometry Aggregate Year-to-Date ▼	
City State Zip Code Transaction ID: Fort Collins CO 80525-5810 FEC ID number of contributing federal political committee. Name of Employer Self Employed C Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼	
Fort Collins CO 80525-5810 Amount of Each FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Primary General Aggregate Year-to-Date	0 2010
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	32420748
federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Primary General General Aggregate Year-to-Date FOO OO	Receipt this Period
Receipt For: Primary General Aggregate Year-to-Date FOO OO	50.00
Primary General 500.00	
Other (specify) ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	175.76

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and Sta	atements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 51 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) American Optometric Association Politi Full Name (Last, First, Middle Initial)	name and add	lress of any political committee to	solicit contributions from such committee.
Α.	Dr Joe Ernest Ellis Mailing Address 179 Wood Trace			Date of Receipt M M
	City	State	Zip Code	Transaction ID: 32420749
	Benton FEC ID number of contributing federal political committee.	C	42025-9400	Amount of Each Receipt this Period 166.67
	Name of Employer Self Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Optometry Year-to-Date 1666.70	
В.	Full Name (Last, First, Middle Initial) Dr Michael L Nichols Mailing Address 3910 Foxcreek Way			Date of Receipt M
	City	State	Zip Code	Transaction ID: 32420750
	Columbia	MO	65203-8855	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	-	Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
С. С.	Full Name (Last, First, Middle Initial) Dr Gregory C Russell			Date of Receipt
	Mailing Address 2505 Rivermont Circle			10 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Kingsport	State TN	Zip Code 37660-2392	Transaction ID: 32420751 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.30	
	SUBTOTAL of Receipts This Page (optional)			350.00

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 51 (check only one) X
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any personing the name and address of any political committee to n Political Action Committee	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Gilbert E Pierce Mailing Address 8639 Olenbrook	Drive	Date of Receipt
City Lewis Center	State Zip Code OH 43035-8702	Transaction ID: 32420752 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 450.00	
Full Name (Last, First, Middle Initial) Dr Paul Schroeder Mailing Address 616 12Th Street	Sw	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 32420886
Le Mars	IA 51031-2265	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Gregory Willard Hicks		Date of Receipt
Mailing Address 419 Bogart Road	Last	10 11 2010
City	State Zip Code	Transaction ID: 32420887
Sandusky FEC ID number of contributing federal political committee.	OH 44870-6404	Amount of Each Receipt this Period 170.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 850.00	
SUBTOTAL of Receipts This Page (option	onal)	240.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 51 (check only one) X 11a 11b 11c 12				
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) American Optometric Association F						
/ Full Name (Last, First, Middle Initial) Dr Gregory W Kraupa		Date of Receipt				
Mailing Address 4280 Reiland Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID: 32420888				
Shoreview	MN 55126-3127	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	42.00				
Name of Employer Self Employed	Occupation Doctor of Optometry					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00					
Full Name (Last, First, Middle Initial) Dr Charlotte F Nielsen		Date of Receipt				
Mailing Address 118 Whitehall Cour	t	10 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID: 32422860				
<u>Grayslake</u>	IL 60030-3492	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer Self Employed	Occupation Doctor of Optometry					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1000.00					
Full Name (Last, First, Middle Initial) Dr Sheryl A Lentfer		Date of Receipt				
Mailing Address 1345 West 9Th Ave	nue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Anchorage	State Zip Code AK 99501-3236	Transaction ID: 32422861 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	84.00				
Name of Employer Self Employed	Occupation Doctor of Optometry					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00					
SURTOTAL of Receipts This Page (enting)	226.00				

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 51 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any perso sing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Associatio	in Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Michael William Lamb		Date of Receipt
Mailing Address 7531 E Christma	as Cholla Dr	10 12 2010
City	State Zip Code	Transaction ID: 32422862
Scottsdale	AZ 85255-2731	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Jennifer E Davis		Date of Receipt
Mailing Address 16 Pambrook Dr	M M / D D / Y Y Y Y Y 1 1 0 1 2 2 0 1 0	
City	State Zip Code	Transaction ID: 32422888
<u>Fishersville</u>	VA 22939-2123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	46.25
Name of Employer Self Employed	Occupation Doctor of Optometry	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 407.50	
Full Name (Last, First, Middle Initial) Dr R. Bryan Boozer	I	Date of Receipt
Mailing Address 1602 Wildwood	St Sw	M M / D D / Y Y Y Y Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City	State Zip Code	Transaction ID: 32425649
Cullman	AL 35055-4555	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (opti-	onal)	221.25

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) X			
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) American Optometric Association Polit	tical Action (Committee				
Full Name (Last, First, Middle Initial) Dr Jeffrey David Hill			Date of Receipt			
Mailing Address 126 Treymoor Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: 32425651			
Alabaster	AL	35007-3150	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		50.00			
Name of Employer Self Employed	Occupation Doctor of	Optometry				
Receipt For:		Year-to-Date ▼				
Primary General Other (specify) ▼		500.00				
Full Name (Last, First, Middle Initial) Dr Sarah C Gordon	Date of Receipt					
Mailing Address 252 Inverness Center D	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State	Zip Code	Transaction ID: 32425652			
Birmingham	AL	35242-4834	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		50.00			
Name of Employer Self Employed	Occupation Doctor of	Optometry				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) Dr Brenden R White			Date of Receipt			
Mailing Address 864 E Ranch Circle						
City	State	Zip Code	Transaction ID: 32425653			
<u>Draper</u>	UT	84020-9011	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	25.00					
Name of Employer Self Employed	Occupation Doctor of	Optometry				
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (optional))	125.00			

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 51 (check only one) X 11a 11b 11c 12 13 14 15 16 17
4	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per name and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	American Optometric Association Po	litical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Brian D Cin		Date of Receipt
	Mailing Address 11912 Town Park Cir		10 13 2010
	City Eagle River	State Zip Code AK 99577-7788	Transaction ID: 32425677
	FEC ID number of contributing federal political committee.	C 99577-7788	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
_ 3.	Full Name (Last, First, Middle Initial) Dr Edwin Y Endo		Date of Receipt
	Mailing Address 98828 Hiliu Pl		10 13 2010
	City	State Zip Code	Transaction ID: 32427760
	Aiea FEC ID number of contributing federal political committee.	HI 96701-2785	Amount of Each Receipt this Period 41.66
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 374.94	
_).	Full Name (Last, First, Middle Initial) Dr Melanie K Oltmanns		Date of Receipt
	Mailing Address 601 14Th St E		10 08 2010
	City	State Zip Code	Transaction ID: 32431834
	Dickinson FEC ID number of contributing federal political committee.	ND 58601-3432	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Γ	SURTOTAL of Receipts This Page (optional)		591.66

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports a	for each category of the Detailed Summary Page and Statements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 32 / 51 (check only one) X					
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	g the name and address of any political committee to s Political Action Committee	solicit contributions from such committee.					
Full Name (Last, First, Middle Initial) Dr Peter Jeffrey Stein Mailing Address 26 Arrowhead Driv	re	Date of Receipt					
City	State Zip Code	1 0 0 8 2 0 1 0 Transaction ID: 32431850					
Guilford	CT 06437-3137	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer Self Employed	Occupation Doctor of Optometry						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00						
Full Name (Last, First, Middle Initial) Dr William J Mateik		Date of Receipt					
Mailing Address 13 Walnut St		M M / D D / Y Y Y Y Y 1 1 0 0 8 2 0 1 0					
City	State Zip Code	Transaction ID: 32431851					
Winchendon FEC ID number of contributing federal political committee.	MA 01475-1626	Amount of Each Receipt this Period 250.00					
Name of Employer Self Employed	Occupation Doctor of Optometry	1					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00						
Full Name (Last, First, Middle Initial) Dr Robert Lee D'Orazio		Date of Receipt					
Mailing Address 1611 Kiva Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Gallup	State Zip Code NM 87301-5767	Transaction ID: 32431856 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer Self Employed	Occupation Doctor of Optometry						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00						
SUBTOTAL of Receipts This Page (option	al)	600.00					

A.

PAGE 33 / 51 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Dr Perry Savoy Mailing Address 58 Herbert Ter 08 2010 10 City State Zip Code Transaction ID: 32431857 West Orange NJ 07052-1021 Amount of Each Receipt this Period FEC ID number of contributing 125.00 C federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) В. Dr Jerry N Ellington, Jr Date of Receipt Mailing Address 932 Meadow Lane 10 04 2010 City State Zip Code Transaction ID: 32501720 **Henderson** NC 27536-3853 Amount of Each Receipt this Period FEC ID number of contributing C 0.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$365.00 This changes the YTD Total to \$36-365.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	125.00
TOTAL This Period (last page this line number only)	•	12186.48

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check o	NE NUMBER: PAGE 34 / 51
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28b 28c 29
	Information copied from such Reports and State or commercial purposes, other than using the na			
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Political	· · · · · · · · · · · · · · · · · · ·		
<u>'</u>	Full Name (Last, First, Middle Initial) Zack Space For Congress Committee			Transaction ID: 32381516 Date of Disbursement
	Mailing Address 726 Sixteenth Street No.)		10 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Massillon	State Zip Code OH 44646		Amount of Each Disbursement this Perio
	Purpose of Disbursement Candidate Contribution		011	1000.00
	Candidate Name Rep. Zachary T. Space	0040	Category/ Type	
	Senate President	sement For: 2010 Primary X General Other (specify)		Candidate Contribution
	State: OH District: 18 Full Name (Last, First, Middle Initial)			Transaction ID: 32381518
	Langevin For Congress Mailing Address 181a Knight Street		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City		Amount of Each Disbursement this Perio	
	Warwick	State Zip Code RI 02886		
	Purpose of Disbursement Candidate Contribution	011	1000.00	
	Candidate Name Rep. James R. Langevin		Category/ Type	
	Office Sought: X House Senate President State: RI District: 02	sement For: 2010 Primary X General Other (specify)		Candidate Contribution
	Full Name (Last, First, Middle Initial) Stutzman For Congress			Transaction ID: 32381519 Date of Disbursement
	Mailing Address 0250 W 600 N			10
	City Howe	State Zip Code IN 46746		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution	011	2000.00	
	Candidate Name Mr. Marlin Stutzman		Category/ Type	
	Office Sought: X House Disbur Senate President State: IN District: 03	sement For: 2010 Primary X General Other (specify)		Candidate Contribution
	Oldio. IIV Diotifot. 00			. 4000.00

SCHEDULE B (FEC Form 3X)

			•		arate schedule(s)			heck onl	NUMBE v one)						35 / 5	-
ΙT	EMIZED DI	SBURSEMEN	NTS		category of the Summary Page		Ë	21b 27	22 28a	Х	23 28b	igsquare	24 28c	П	25 29	2 3
		ed from such Reports						person	or the pu		se of s	olicitin	g co		utions	
\vdash	NAME OF COM	<u>·</u>	3 · · · ·		,,,											
$ \rangle$		ometric Association	on Political	Action Co	ommittee											
	•	First, Middle Initial)									on ID:	_		521		
	Harry Mitchell									of D	isburs	ement	Y	Ý	0 1 0	Υ
	Mailing Address	PO Box 23748														
	City Tempe			State AZ	Zip Code 85285				Amou	ınt o	f Each	Disbu	ırser	-		-
	Purpose of Disbu Candidate Contri						01	1			_		_	500	00.00	_
Candidate Contribution Candidate Name Rep. Harry Mitchell Office Sought:							ateg Typ	gory/ be								
	Office Sought: State: AZ	X House Senate President District: 05	Disburse	ment For: Primary Other (spe	2010 X General ecify)				Cand	idat	e Cor	ntribu	tion			
	Full Name (Last, First, Middle Initial) Becerra For Congress										on ID:			522		
	Mailing Address P.O. Box 261060								1 ^M 0	М	[/] DC	5 /	Y	ž	0 Ĭ 0	Υ
	City State Zip Code Los Angeles CA 90026								Amou	ınt o	f Each	Disbu	ırser			eriod
	Purpose of Disbursement Candidate Contribution						01	1						100	00.00	
	Candidate Name Rep. Xavier Becerra						ateg Typ	gory/ be								
	Office Sought: State: CA	X House Senate President District: 31	Disburse	ment For: Primary Other (spe	2010 X General ecify)				Candidate Contribution							
	Full Name (Last, First, Middle Initial) Hoosiers For Rokita									on ID:		381	523			
	Mailing Address	7643 East U.S	5. 36						1 ^M 0	М	[′]	5	Y	ž	0 1 0	Y
	City Avon			State IN	Zip Code 46123				Amou	ınt o	f Each	Disbu	ırser	nent	this P	eriod
	Purpose of Disbursement Candidate Contribution					Г	01	1						150	00.00	
	Candidate Name Mr. Theodore						ateg Typ	gory/ be								
	Office Sought:	X House Senate President	Disburse	ment For: Primary Other (spe	2010 X General ecify)		71		Cand	idat	e Cor	ntribu	tion			
	State: IN	District: 04														
1	LIRTOTAL of Dist	oursements This Pag	e (optional) .					•						750	0.00	

SCHEDULE B (FEC Form 3X)

		Use separate schedule(s)		check only	NUMBE / one)	١ ١.		L	1 /\al	36 / 5	, ,
IT 	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a		23 28b	24 28		25 29	
	y Information copied from such Reports and State for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) American Optometric Association Politica	ne and address of any political c									•
\angle	American Optometric Association Folitica	i Action Committee									
	Full Name (Last, First, Middle Initial) Jeff Duncan For Congress Mailing Address PO Box 732				Trans Date of		burse			5 2 0 1 0	Y
	City	State Zip Code			Amou	nt of	Each	Disbu	rseme	nt this F	Period
	Clinton Purpose of Disbursement	SC 29325				-	-		2	500.00	,
	Candidate Contribution Candidate Name Mr. Jeff Duncan		Cate	11 egory/		•	•			•	
		ement For: 2010 Primary X General Other (specify)	1 9	/pe	Candi	date	e Con	tribut	ion		
	Full Name (Last, First, Middle Initial)		Trans				8152	8			
	Kansans For Huelskamp		Date of	of Dis			Υ	YY	Υ		
	Mailing Address PO Box 410				1 0		0	5 /		ž o i o	
	City Fowler	State Zip Code KS 67844			Amou	nt of	Each	Disbu		nt this F	-
	Purpose of Disbursement Candidate Contribution Candidate Name Mr. Timothy Huelskamp	11 egory/	L.	•			۷	00.00			
		ement For: 2010 Primary X General Other (specify)	1 9	/pe	Candidate Contribution						
	Full Name (Last, First, Middle Initial) Landry For Louisiana						on ID: sburse		8153	3	
	Mailing Address PO Box 13816				1 ^M 0	M /	0	5	Y	ž o ž o	Y
	City New Iberia	State Zip Code LA 70562			Amou	nt of	Each	Disbu	rseme	nt this F	Perioc
	Purpose of Disbursement Candidate Contribution		0	11	L.	_	-		2	500.00	_
	Candidate Name Mr. Jeffrey Landry			egory/ /pe							
	Office Sought: X House Senate President State: LA District: 03	ement For: 2010 Primary X General Other (specify)		-	Candi	date	e Con	tribut	ion		
	State. Lit District. 00									00.00	

Transaction ID: 32382399 Shore PAC Mailing Address PO Box 3157 Tor each category of the Detailed Summary Page 21b 22 X 23 28b 28c 29 27 28a 28b 28c 29 28c 28c 28c 29 28c 28c 28c 29 28c 28c 28c 28c 29 28c 28c 28c 28c 28c 29 28c	SCHEDULE B (FEC Form 3X)	Use separate schedule(s) (check only	NUMBER: PAGE 37 / 51 y one)
NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Shore PAC Mailing Address P O Box 3157 City State Zip Code NJ 07740 Purpose of Disbursement Committee Obstrate Primary General Office Sought: House Office Sought: Primary General Office Sought: Y 20 Y 10 Y 20 Y	I EMIZED DISBURSEMENTS		21b	22 X 23 24 25
American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Shore PAC Mailing Address P O Box 3157 City State Zip Code NJ 07740 Purpose of Disbursement Committee Contribution Candidate Name Shore PAC Mailing Address 62 Paradise Lane City State: District: Full Name (Last, First, Middle Initial) JOEPAC Mailing Address 62 Paradise Lane City State: District: Full Name (Last, First, Middle Initial) JOEPAC Office Sought: House Pesident President State: City Senate PAC Office Sought: House President Presi				
Shore PAC Mailing Address P O Box 3157 City State Zip Code NJ 07740 Purpose of Disbursement Committee Contribution Candidate Name Shore PAC Office Sought: House President Other (specify) ▼ City State: Zip Code NJ 07740 Office Sought: House President Other (specify) ▼ Committee Contribution Candidate Name (Last, First, Middle Initial) JOEPAC City State: Zip Code PA 17572 Purpose of Disbursement Committee Contribution Candidate Name (Last, First, Middle Initial) JOEPAC Office Sought: House PA 17572 Purpose of Disbursement Committee Contribution Candidate Name (Last, First, Middle Initial) JOEPAC Office Sought: House PA 17572 Purpose of Disbursement For: Soudo Other (specify) ▼ Committee Contribution Candidate Name President Other (specify) ▼ Candidate Contribution	NAME OF COMMITTEE (In Full)	·		
Mailing Address P O Box 3157 State Zip Code Long Branch NJ 07740 O 1011 Category/ Type Committee Contribution Other (specifiy) ▼ Other (specifix) Other (specifi	•			
Long Branch Purpose of Disbursement Committee Contribution Candidate Name Shore PAC Office Sought: House	Mailing Address P O Box 3157			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} $
Committee Contribution Candidate Name Shore PAC Office Sought: House Senate President State: District: Primary General Primary General JOEPAC City State Senate PA 17572 Office Sought: House State Zip Code PA 17572 Office Sought: House Senate President State: District: Transaction ID: 32387434 Date of Disbursement City State Zip Code PA 17572 Purpose of Disbursement Committee Contribution Candidate Name JOEPAC Office Sought: House Primary General Primary General President State: District: Primary General Other (specify) ▼ Transaction ID: 32387434 Date of Disbursement this Perior Committee Contribution Category' Type Committee Contribution Category' Type Committee Contribution Transaction ID: 3242666 Date of Disbursement this Perior Committee Contribution Transaction ID: 3242666 Date of Disbursement Date of Disbursement Type Committee Contribution Transaction ID: 3242666 Date of Disbursement Date of Disbursement Type Committee Contribution Candidate Contribution Candidate Contribution Candidate Name Rep. Frank M. Kratovil, Jr. Office Sought: X House Senate President President President Other (specify) ▼ Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution			_	Amount of Each Disbursement this Perio
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	Senate President	ement For: 2010 Primary X General Other (specify)			Candi	date Co	ntribu	ıtion		
_	State: WA District: 02 Full Name (Last, First, Middle Initial)							10000		
	TRUST PAC				Date o	action ID of Disburs	emen	t		V
	Mailing Address 228 S. Washington Stre Suite 115	et			1 ^M 0	M / D	1 ^D	/ L 2	ž o ž c)
	City Alexandria	State Zip Code VA 22314			Amou	nt of Each	Disb	urseme	nt this F	eriod
	Purpose of Disbursement Committee Contribution		Г	011	L.			50	00.00)
	Candidate Name TRUST PAC		C	ategory/ Type						
	Office Sought: Senate President State: Disburs:	ement For: Primary General Other (specify) \(\psi\)			Comn	nittee Co	ontrib	ution		
	Full Name (Last, First, Middle Initial) John S Fund					action ID of Disburs	emen		1	
	Mailing Address PO Box 65796				1 ^M 0	M / D	2	Y 2	ž o ž c) `
	City Washington	State Zip Code DC 20035			Amou	nt of Each	n Disb	urseme	nt this F	² eriod
	Purpose of Disbursement Committee Contribution		Г	011				50	00.00)
	Candidate Name John S Fund			ategory/ Type						
	Office Sought: House Disburs: Senate President	ement For: Primary General Other (specify)	 	NF -	Comn	nittee Co	ntrib	ution		
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	American Optometric Association Political	Action Committee										
۸.	Full Name (Last, First, Middle Initial) New Pioneers PAC					Date o	of Disb		32423 ent	062		
	Mailing Address 228 S Washington St Suite 115					1 ^M 0	M /	1 2	/ Y	ž 0	10	
	Alexandria	State Zip Code VA 22314				Amou	nt of E	ach D	isburse	ment th		iod
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	Candidate Name New Pioneers PAC		C	atego Type								
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В.	ERIC PAC - Every Republican is Crucial P	AC				Date o	action of Disb	ursem			Y Y	1
	Mailing Address 4914 Fitzhugh Avenue Suite 200					10	_	1 2			10	
	City Richmond	State Zip Code VA 23230				Amou	nt of E	ach D	isburse	ment th	is Per	iod
	Purpose of Disbursement Committee Contribution			011			-			2500	.00	
	Candidate Name ERIC PAC - Every Republican is Crucial P	AC	C	atego Type	•							
	Office Sought: House Senate President State: District:	ement For: Primary General Other (specify) ▼				Comn	nittee	Cont	ributio	n		
Э.	Full Name (Last, First, Middle Initial) Ben Chandler For Congress						action of Disb		32432 ent	584		
	Mailing Address P. O. Box 12678					1 ^M 0	M /	13	/ Y	ž 0	10	
	City Lexington	State Zip Code KY 40508				Amou	nt of E	ach D	isburse		-	iod
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	Rep. Benjamin Chandler			atego Type	-							
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	State: KY District: 06											_
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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30
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1 \	NAME OF COMMITTEE (In Full) American Optometric Association Politi	cal Action Committee		
	Full Name (Last, First, Middle Initial) Boren For Congress			Transaction ID: 32432585 Date of Disbursement
	Mailing Address PO Box 148			
	City Okemah	State Zip Code OK 74859		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution		011	3000.00
	Candidate Name Rep. Daniel Boren		Category/ Type	
	Office Sought: X House Senate President State: OK District: 02	rrsement For: 2010 Primary X General Other (specify) ▼		Candidate Contribution
	Full Name (Last, First, Middle Initial) Bill Keating Committee; The			Transaction ID: 32432586 Date of Disbursement
	Mailing Address PO Box 690353			
	City Quincy	State Zip Code MA 02269		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution Candidate Name		011 Category/	2500.00
	Mr. William Keating		Type	-
	Senate President	rrsement For: 2010 Primary X General Other (specify) ▼		Candidate Contribution
	State: MA District: 10 Full Name (Last, First, Middle Initial) Richmond For Congress			Transaction ID: 32432587 Date of Disbursement
	Mailing Address 1631 Elysian Fields S	uite 150		M M / D 1 3 / Y 2 0 1 0
	City New Orleans	State Zip Code LA 70126		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution	270123	011	2500.00
	Candidate Name Mr. Cedric Richmond		Category/ Type	
	Senate President	rrsement For: 2010 Primary X General Other (specify) ▼	1 . , , , , ,	Candidate Contribution
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	ate: CA	District: 49												
	II Name (Last, I I Owens For	First, Middle Initial) Congress							Date	of Disbur		32591		
Mai	iling Address	PO Box 1575							1 ^M 0	M / D	13	ž	0 Ĭ 0	Y
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Full	Il Name (Last, I	First, Middle Initial) For Congress								action I	D: 3243	32593		
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SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s) (check onl	E NUMBER: PAGE 46 / 51
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) American Optometric Association Politic			
Full Name (Last, First, Middle Initial) Denham For Congress			Transaction ID: 32432594 Date of Disbursement
Mailing Address 2150 River Plaza Dr #	150		10 13 / 2010
City Sacramento	State Zip Code CA 95833		Amount of Each Disbursement this Perio
Purpose of Disbursement Candidate Contribution Candidate Name		011	1500.00
Mr. Jeff Denham		Category/ Type	
Senate President	rsement For: 2010 Primary X General Other (specify)		Candidate Contribution
State: CA District: 19 Full Name (Last, First, Middle Initial)			Transaction ID: 32432596
McNerney For Congress			Date of Disbursement
Mailing Address 6520 Village Parkway Second Floor			10 M / D 1 B / Y Y Y O Y O Y
City Dublin	State Zip Code CA 94568		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution		011	2500.00
Candidate Name Rep. Jerry McNerney		Category/ Type	
Office Sought: X House Senate President State: CA District: 11	rsement For: 2010 Primary X General Other (specify)		Candidate Contribution
Full Name (Last, First, Middle Initial) American Works PAC			Transaction ID: 32432599 Date of Disbursement
Mailing Address PO BOX 76187 Suite 800			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Washington	State Zip Code DC 20013		Amount of Each Disbursement this Perio
Purpose of Disbursement Committee Contribution		011	1500.00
Candidate Name American Works PAC		Category/ Type	
Senate President	rsement For: Primary General Other (specify)		Committee Contribution
State: District:			
SUBTOTAL of Disbursements This Page (optiona	il)		5500.00

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SCHEDULE B (FEC Form 3X)	Han amount out of the	FOR LINE	NUMBER: PAGE 47/51
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State	 ments may not be sold or used by		
or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
American Optometric Association Politica	I Action Committee		
Full Name (Last, First, Middle Initial) Boucher For Congress Committee			Transaction ID: 32432611 Date of Disbursement
Mailing Address P.O. Box 2000			$\begin{bmatrix} 1 & 0 & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} 1 & 1 & 3 \\ 0 & 1 & 0 \end{bmatrix} / \begin{bmatrix} 1 & 1 & 1 & 1 \\ 1 & 2 & 0 & 1 & 0 \end{bmatrix}$
City Abingdon	State Zip Code VA 24212		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution		011	1000.00
Candidate Name Rep. Rick Boucher		Category/ Type	
	sement For: 2010 Primary X General Other (specify)	Туре	Candidate Contribution
State: VA District: 09			
Full Name (Last, First, Middle Initial) Leahy For U.S. Senator Committee			Transaction ID: 32432614 Date of Disbursement
Mailing Address PO Box 1042			$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 3 \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & 1 & O \end{bmatrix} \end{bmatrix}$
City Montpelier	State Zip Code VT 05601		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution		011	2500.00
Candidate Name Sen. Patrick J. Leahy		Category/ Type	
Office Sought: House X Senate President Disburs	ement For: 2010 Primary X General Other (specify)		Candidate Contribution
State: VT District:			
Full Name (Last, First, Middle Initial) Patrick Murphy For Congress			Transaction ID: 32432617 Date of Disbursement
Mailing Address P.O. Box 868			$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} \ \ \ \begin{bmatrix} D & 1 & 3 \\ 2 & 0 & 1 & 0 \end{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
City Levittown	State Zip Code PA 19058		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution		011	2000.00
Candidate Name Rep. Patrick J. Murphy		Category/ Type	
Senate President	sement For: 2010 Primary X General Other (specify) ▼		Candidate Contribution
State: PA District: 08			
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Any Information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Optometric Association Po	litical Action Committee		
Full Name (Last, First, Middle Initial) Loebsack For Congress			Transaction ID: 32432619 Date of Disbursement
Mailing Address PO Box 2720			10 M / D 1 3 / Y 2 0 1 0 Y
City Cedar Rapids	State Zip Code IA 52406		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution		011	1000.00
Candidate Name Rep. David Wayne Loebsack		Category/ Type	
Senate President	sbursement For: 2010 Primary X General Other (specify)		Candidate Contribution
State: IA District: 02 Full Name (Last, First, Middle Initial)			
Families For James Lankford			Transaction ID: 32432733 Date of Disbursement
Mailing Address 16121 Windrush Pl			10 13 7 2010
City Edmond	State Zip Code OK 73013		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution		011	1500.00
Candidate Name Mr. James Lankford		Category/ Type	
Office Sought: X House Di Senate President	sbursement For: 2010 Primary X General Other (specify)		Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
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State: OK

District: 05

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NAME OF COMMITTEE (In Full) American Optometric Association Political A		
Full Name (Last, First, Middle Initial) Dr Jerry N Ellington, Jr Mailing Address 932 Meadow Lane		Transaction ID: 32431769 Date of Disbursement M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code NC 27536-3853 010 Category/ Type	Amount of Each Disbursement this Period 365.00
Office Sought: House Disburser Senate President State: District:	* * * * * * * * * * * * * * * * * * * *	Contribution Refund

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 50 / 51							
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or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of any political	committee to so	ilcit contributions from such committee							
American Optometric Association Political	Action Committee									
Full Name (Last, First, Middle Initial)			Transaction ID: 32445845							
Wachovia Federal			Date of Disbursement							
Mailing Address 1650 Tyson Blvd.			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$							
City McLean	State Zip Code VA 22102		Amount of Each Disbursement this Period							
Purpose of Disbursement	177		585.93							
Bank Fee Candidate Name		001 Category/								
Candidate Name		Type								
Office Sought: House Disburse Senate	ement For: Primary General		Bank Fee							
President	Other (specify)									
State: District:	-									
Full Name (Last, First, Middle Initial) Bank of America			Transaction ID: 32469913 Date of Disbursement							
Mailing Address DO Day 700054			10 0 5 0 7 2 0 1 0							
Mailing Address PO Box 790251			10 00 2010							
City St. Louis	State Zip Code MO 63179		Amount of Each Disbursement this Period							
Purpose of Disbursement	87.10									
American Express Fee Candidate Name		001 Category/								
		Type								
Office Sought: House Disburse Senate	ment For: Primary General		American Express Fee							
President	Other (specify) ▼									
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Mailing Address PO Box 790251			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 0 & 1 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$							
City St. Louis	State Zip Code MO 63179		Amount of Each Disbursement this Period							
Purpose of Disbursement	00170		487.26							
Bank Fee Candidate Name		001								
Cardidate Name		Category/ Type								
Office Sought: House Disburse Senate	ment For: Primary General		Bank Fee							
President	Other (specify)									
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	y Information copied from such Reports and State for commercial purposes, other than using the nar												·	
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Optometric Association Politica	I Action Committee												
	Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 790251					Date	action of Disb	ırsen	nent			0 1 0	Y	
	City St. Louis Purpose of Disbursement Discover Fee Candidate Name	Ca	001	ory/		Amou	int of E	ach C	Disbu	ursen		this Po	eriod	
	Office Sought: House Disburs	ement For: Primary General Other (specify) ▼	Туре	9		Disco	ver Fe	е						

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