

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 05 01 2011 through 05 31 2011

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

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

Signature of Treasurer Electronically Filed by Thomas E. Nye, O.D. Date 06 10 2011

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Optometric Association Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		393463.33
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	484640.74									
(c) Total Receipts (from Line 19)	47727.15	343490.77								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	532367.89	736954.10								
7. Total Disbursements (from Line 31)	32369.70	236955.91								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	499998.19	499998.19								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	38366.22	223093.50
(ii) Unitemized	9285.11	120055.12
(iii) TOTAL (add Lines 11(a)(i) and (ii)	47651.33	343148.62
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	47651.33	343148.62
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	75.82	342.15
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	47727.15	343490.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	47727.15	343490.77

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1869.70	11330.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1869.70	11330.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	30500.00	225500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	125.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	125.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	32369.70	236955.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32369.70	236955.91

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	47651.33	343148.62
34. Total Contribution Refunds (from Line 28(d))	0.00	125.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47651.33	343023.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1869.70	11330.91
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1869.70	11330.91

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Dr John D Coble	Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address 1501 Sunset Hill	Transaction ID: 33250007
	City State Zip Code Rockwall TX 75087-3216	Amount of Each Receipt this Period 83.35
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.75	

B.	Full Name (Last, First, Middle Initial) Dr Christopher J Quinn	Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address 9 Garryford Drive	Transaction ID: 33250010
	City State Zip Code Middletown NJ 07748-3761	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Dr Dirk E Graves	Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address 106 Elliott Circle	Transaction ID: 33250011
	City State Zip Code Anderson SC 29621-3361	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	2208.35
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Philip Wayne Marler	Date of Receipt MM / DD / YYYY 05 / 01 / 2011
	Mailing Address 204 Pioneer Hills	Transaction ID: 33250012
	City State Zip Code Carthage MS 39051-9150	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr Kevin Katz	Date of Receipt MM / DD / YYYY 05 / 03 / 2011
	Mailing Address 1205 Pin Oak Drive	Transaction ID: 33261498
	City State Zip Code Dickinson TX 77539-3320	Amount of Each Receipt this Period 163.64
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 818.20	

C.	Full Name (Last, First, Middle Initial) Dr Kathleen E Powell	Date of Receipt MM / DD / YYYY 05 / 03 / 2011
	Mailing Address 9710 Copper Drive	Transaction ID: 33261499
	City State Zip Code Anchorage AK 99507-1226	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional)	748.64
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr Robert L Jarrell, III	Date of Receipt MM / DD / YYYY 05 / 03 / 2011
	Mailing Address 50 Cedar Hill Rd	Transaction ID: 33271415
	City State Zip Code Albuquerque NM 87122-1928	Amount of Each Receipt this Period 285.72
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.72	

B.	Full Name (Last, First, Middle Initial) Dr Paul C Ajamian	Date of Receipt MM / DD / YYYY 05 / 04 / 2011
	Mailing Address 245 Shadowbrook Drive	Transaction ID: 33276692
	City State Zip Code Roswell GA 30075-4600	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr Robert J Fleckenstein	Date of Receipt MM / DD / YYYY 05 / 04 / 2011
	Mailing Address 1830 Rebel Ridge	Transaction ID: 33276693
	City State Zip Code Anchorage AK 99504-2900	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional)	620.72
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 9 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Harvey B Richman, FAAO
Mailing Address 136 Main Street

City State Zip Code
Manasquan NJ 08736-3558

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.35

Date of Receipt
MM / DD / YYYY
05 / 04 / 2011

Transaction ID: 33276696

Amount of Each Receipt this Period
41.67

B. Full Name (Last, First, Middle Initial)
Dr James T Koch
Mailing Address 5009 Briar Cliff Court

City State Zip Code
Panora IA 50216-8617

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2011

Transaction ID: 33276938

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr Robert Carl Layman
Mailing Address 4937 Homerdale Avenue

City State Zip Code
Toledo OH 43623-2930

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2011

Transaction ID: 33276939

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **2406.67**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Rose Marie Betz

Mailing Address 7300 N Bluff Drive

City State Zip Code
Tuscaloosa AL 35406-2608

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

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

Transaction ID: 33277079

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Julie A Toon

Mailing Address 2204 Longwood Cir

City State Zip Code
Wichita KS 67226-1157

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 1 1

Transaction ID: 33277083

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr David Edward Magnus

Mailing Address P O Box 2144

City State Zip Code
Corrales NM 87048-2144

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: 33281064

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 69
(check only one)

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

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

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

Mailing Address 7700 Greenway Blvd A-4

City State Zip Code
Dallas TX 75209-7324

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: 33281068

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Frederick P Darin

Mailing Address 405 Tirrell Rd

City State Zip Code
Charlotte MI 48813-2131

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2011

Transaction ID: 33284189

Amount of Each Receipt this Period
50.00

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

Mailing Address 30 Winchester Rd

City State Zip Code
Lakewood NY 14750-1734

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt
MM / DD / YYYY
05 / 06 / 2011

Transaction ID: 33284193

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional) ► **383.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 69
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Gilbert G Wong

Mailing Address 7810 W Maui Lane

City Peoria State AZ Zip Code 85381-3414

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 06 / 2011

Transaction ID: 33286983

Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 3930 W 19Th St Ln

City Greeley State CO Zip Code 80634-3446

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 08 / 2011

Transaction ID: 33286996

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Dr Rebecca H Wartman

Mailing Address 46 Lambeth Walk

City Fairview State NC Zip Code 28730-7721

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 05 / 08 / 2011

Transaction ID: 33287003

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 69
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr David J Esplin

Mailing Address 34 South 590 East

City State Zip Code
Salem UT 84653-5519

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 33287012

Amount of Each Receipt this Period
45.00

B.

Full Name (Last, First, Middle Initial)
Dr David J Shippee

Mailing Address Box 307

City State Zip Code
Sherman Oaks ME 04777

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 33287013

Amount of Each Receipt this Period
41.66

C.

Full Name (Last, First, Middle Initial)
Dr Robert P Wooldridge

Mailing Address 1852 Aintree Ave

City State Zip Code
Draper UT 84020-7711

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 33287016

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **211.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 69

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Kenneth Ray Moultrie

Mailing Address 1809 Gaslight Way

City State Zip Code
Huntsville AL 35801-1555

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 215.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 33287018

Amount of Each Receipt this Period

55.00

B.

Full Name (Last, First, Middle Initial)
Dr Barbara L Horn

Mailing Address 61269 Coralburst Dr

City State Zip Code
Washington MI 48094-1746

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 822.72

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 33287019

Amount of Each Receipt this Period

168.18

C.

Full Name (Last, First, Middle Initial)
Dr Leslie N Richardson

Mailing Address 121 Kensington Ln

City State Zip Code
Campbellsville KY 42718-8924

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 1 1

Transaction ID: 33287765

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

343.18

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 69
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Jon Q Montoya

Mailing Address 1401 Aztec Rd Nw

City State Zip Code
Albuquerque NM 87107-2715

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2011

Transaction ID: 33287766

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr Frank Thomas Chinisci

Mailing Address 8315 Holbrook Ct Ne

City State Zip Code
Albuquerque NM 87122-3841

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2011

Transaction ID: 33287772

Amount of Each Receipt this Period
365.00

C.

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. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt
MM / DD / YYYY
05 / 10 / 2011

Transaction ID: 33292104

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional) ► **1406.67**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 69
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Joe Ernest Ellis

Mailing Address 179 Wood Trace

City Benton State KY Zip Code 42025-9400

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.35

Date of Receipt 05 / 10 / 2011

Transaction ID: 33292106

Amount of Each Receipt this Period 166.67

B.

Full Name (Last, First, Middle Initial)
Dr Gregory C Russell

Mailing Address 2505 Rivermont Circle

City Kingsport State TN Zip Code 37660-2392

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 10 / 2011

Transaction ID: 33292107

Amount of Each Receipt this Period 83.33

C.

Full Name (Last, First, Middle Initial)
Dr Larry J Bonderud

Mailing Address 497 Ohaire Blvd

City Shelby State MT Zip Code 59474-1960

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 10 / 2011

Transaction ID: 33292108

Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 69

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr Gilbert E Pierce

Mailing Address 8639 Olenbrook Drive

City State Zip Code
Lewis Center OH 43035-8702

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt

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

Transaction ID: 33292109

Amount of Each Receipt this Period
45.00

B.

Full Name (Last, First, Middle Initial)

Dr Steve N Nguyen

Mailing Address 7417 Primrose Dr

City State Zip Code
Irving TX 75063-5507

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: 33292112

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Dr Gregory Willard Hicks

Mailing Address 419 Bogart Road East

City State Zip Code
Sandusky OH 44870-6404

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 838.00

Date of Receipt

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

Transaction ID: 33295351

Amount of Each Receipt this Period
166.00

SUBTOTAL of Receipts This Page (optional)

461.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 100 Orchard Drive

City State Zip Code
Sulphur LA 70663-6268

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt
MM / DD / YYYY
05 / 11 / 2011

Transaction ID: 33295353

Amount of Each Receipt this Period
41.67

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

Mailing Address 689 Mansfield City Rd

City State Zip Code
Storrs Mansfield CT 06268-2728

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2011

Transaction ID: 33295355

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Charles Henry Kinney

Mailing Address 223 Highland Drive

City State Zip Code
Eden NC 27288-4926

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2011

Transaction ID: 33301170

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **906.67**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 69

(check only one)

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

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

A.

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

Mailing Address 1421 West Dry Creek Rd

City State Zip Code
Littleton CO 80120-3271

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 33301171

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)
Dr Paul J Werdell

Mailing Address 49 Hansen Drive

City State Zip Code
Vernon CT 06066-5914

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 33301197

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr Brett Alan Hines

Mailing Address Po Box 580

City State Zip Code
Cynthiana KY 41031-0580

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 33301198

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 69
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Jerry Samuel Hardison

Mailing Address 6 Scarsdale Road

City State Zip Code
West Hartford CT 06107-3338

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 33301199

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr Patricia Westfall-Elsberry

Mailing Address 136 Tamara Ln

City State Zip Code
Searcy AR 72143-8873

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 33301200

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Dr Fred Wallace

Mailing Address 208 Eastwood Drive

City State Zip Code
Homewood AL 35209-6606

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 33301202

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 69

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Teresa L Madden

Mailing Address Rt 5

City State Zip Code
Manchester KY 40962-9805

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.84

Date of Receipt

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

Transaction ID: 33301203

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr Steven Arthur Loomis

Mailing Address 6436 Spotted Fawn Run

City State Zip Code
Littleton CO 80125-9055

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 33301553

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
Dr Randolph E Brooks

Mailing Address 3 Schindler Drive

City State Zip Code
Succasunna NJ 07876-1183

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 33301556

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) ▶

900.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Fred H Dubick

Mailing Address 4047 Meadow Lark Drive

City State Zip Code
Calabasas CA 91302-1844

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2011

Transaction ID: 33301557

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr Richard H Eklof

Mailing Address 501 17 Avenue

City State Zip Code
Langdon ND 58249-1702

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2011

Transaction ID: 33301561

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr D. William Lakin

Mailing Address 44260 Boulder Drive

City State Zip Code
Clinton Township MI 48038-1430

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2011

Transaction ID: 33304325

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1065.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Linda S Pinsky	Date of Receipt MM / DD / YYYY 05 / 10 / 2011
	Mailing Address 5730 Turkey Oak Road	Transaction ID: 33304364
	City Richmond State VA Zip Code 23237-3912	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr Brandi N Bilyeu	Date of Receipt MM / DD / YYYY 05 / 12 / 2011
	Mailing Address 845 Olympus Drive	Transaction ID: 33304738
	City Sheridan State WY Zip Code 82801-5432	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Dr R. Bryan Boozer	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 1602 Wildwood St Sw	Transaction ID: 33304743
	City Cullman State AL Zip Code 35055-4555	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	665.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 24 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Jeffrey David Hill

Mailing Address 126 Trey Moor Drive

City State Zip Code
Alabaster AL 35007-3150

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2011

Transaction ID: 33304744

Amount of Each Receipt this Period
50.00

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

Mailing Address 252 Inverness Center Dr

City State Zip Code
Birmingham AL 35242-4834

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2011

Transaction ID: 33304745

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dr Brian D Cin

Mailing Address 17342 Alice Loop

City State Zip Code
Eagle River AK 99577-7579

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2011

Transaction ID: 33304747

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 69
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Edwin Y Endo

Mailing Address 98828 Hiliu Pl

City State Zip Code
Aiea HI 96701-2785

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt
MM / DD / YYYY
05 / 13 / 2011

Transaction ID: 33304748

Amount of Each Receipt this Period
41.66

B.

Full Name (Last, First, Middle Initial)
Dr Scott Phillip Feldman

Mailing Address 31 Buttermilk Ln

City State Zip Code
Scotts Valley CA 95066-3605

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2011

Transaction ID: 33304795

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Markus I Barth

Mailing Address 1346 Heller Drive

City State Zip Code
Yardley PA 19067-2714

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.35

Date of Receipt
MM / DD / YYYY
05 / 14 / 2011

Transaction ID: 33305620

Amount of Each Receipt this Period
66.67

SUBTOTAL of Receipts This Page (optional) ► **608.33**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 69
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Brian J Plattner

Mailing Address 917 S Market Street

City State Zip Code
Knoxville IL 61448-1299

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2011

Transaction ID: 33305625

Amount of Each Receipt this Period
85.00

B.

Full Name (Last, First, Middle Initial)
Dr Thomas Annunziato

Mailing Address 11700 Northview Dr

City State Zip Code
Aledo TX 76008-5223

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.68

Date of Receipt
MM / DD / YYYY
05 / 14 / 2011

Transaction ID: 33305626

Amount of Each Receipt this Period
83.33

C.

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

Mailing Address 225 Terrace Drive

City State Zip Code
Lilly PA 15938-5819

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.68

Date of Receipt
MM / DD / YYYY
05 / 14 / 2011

Transaction ID: 33305627

Amount of Each Receipt this Period
166.67

SUBTOTAL of Receipts This Page (optional) ► **335.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 69

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Dr Louis J Phillips

Mailing Address 1274 Morrow Rd

City State Zip Code
Pittsburgh PA 15241-3502

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 1

Transaction ID: 33305629

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dr James Joseph Barney

Mailing Address P O Box 680

City State Zip Code
Livingston MT 59047-0680

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: 33305639

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr Brad Alan Kimball

Mailing Address 5919 Sandalwood Drive

City State Zip Code
Billings MT 59106-9537

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: 33305640

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Scott L Nehring		Date of Receipt
	Mailing Address 32840 S Meridian Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 15 / 2011
	City	State	Zip Code
	Woodburn	OR	97071-8768
	FEC ID number of contributing federal political committee. C		Transaction ID: 33305641
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	<input type="text"/> 42.00

B.	Full Name (Last, First, Middle Initial) Dr Alan G Peaslee		Date of Receipt
	Mailing Address 4552 Tillman Bluff Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 15 / 2011
	City	State	Zip Code
	Valdosta	GA	31602-0851
	FEC ID number of contributing federal political committee. C		Transaction ID: 33305642
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 425.00	<input type="text"/> 85.00

C.	Full Name (Last, First, Middle Initial) Dr Linda M Chous		Date of Receipt
	Mailing Address 1295 W Royal Oaks Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 15 / 2011
	City	State	Zip Code
	Shoreview	MN	55126-8478
	FEC ID number of contributing federal political committee. C		Transaction ID: 33305643
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 363.64	<input type="text"/> 90.91

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 217.91
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 69
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Dr Larry Donavon Morrison

Mailing Address Route 1 Box 235

City State Zip Code
Mahnomen MN 56589

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2011

Transaction ID: 33305644

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Dr Victoria Ann Blower

Mailing Address 2301 Loussac Dr

City State Zip Code
Anchorage AK 99517-1230

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2011

Transaction ID: 33305655

Amount of Each Receipt this Period
85.00

C. Full Name (Last, First, Middle Initial)
Dr Vincent W Brandys, Jr

Mailing Address 998 Ascot Drive

City State Zip Code
Elgin IL 60123-6761

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 835.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2011

Transaction ID: 33305658

Amount of Each Receipt this Period
167.00

SUBTOTAL of Receipts This Page (optional) ► **377.00**

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

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

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

FOR LINE NUMBER: PAGE 30 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 16 Pambrook Dr

City State Zip Code
Fishersville VA 22939-2123

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 213.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2011

Transaction ID: 33305660

Amount of Each Receipt this Period
41.00

B. Full Name (Last, First, Middle Initial)
Dr Thomas W Hobbs

Mailing Address 13 Ne 550 Rd

City State Zip Code
Warrensburg MO 64093-7473

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2011

Transaction ID: 33305676

Amount of Each Receipt this Period
50.00

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

Mailing Address 117 Magnolia Drive

City State Zip Code
Central City KY 42330-1727

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2011

Transaction ID: 33330718

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **141.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 69

(check only one)

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

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

A.

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

Mailing Address 3537 New Castle Dr Se

City State Zip Code
Rio Rancho NM 87124-3672

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1945.48

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 1 1

Transaction ID: 33330719

Amount of Each Receipt this Period

436.37

B.

Full Name (Last, First, Middle Initial)
Dr Leeann Barrett

Mailing Address 1199 E Morgan

City State Zip Code
Boonville MO 65233-1336

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

Name of Employer Occupation
Missouri Optometric Association, Inc. Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 1 1

Transaction ID: 33330722

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
Dr Mamie Cassandra Chan

Mailing Address 13713 Vic Road Ne

City State Zip Code
Albuquerque NM 87112-6602

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 1 1

Transaction ID: 33330723

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

536.37

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Rose Marie Betz	Date of Receipt MM / DD / YYYY 05 / 11 / 2011
	Mailing Address 7300 N Bluff Drive	Transaction ID: 33334875
	City State Zip Code Tuscaloosa AL 35406-2608	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr Samuel C Giveen	Date of Receipt MM / DD / YYYY 05 / 17 / 2011
	Mailing Address 115 New Aldrich Rd	Transaction ID: 33347582
	City State Zip Code Grantham NH 03753-3154	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Dr Debra A Meese	Date of Receipt MM / DD / YYYY 05 / 17 / 2011
	Mailing Address 169 Wilder Lane	Transaction ID: 33347617
	City State Zip Code New London NH 03257-5978	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	

SUBTOTAL of Receipts This Page (optional)	765.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 69
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Harue Jean Marsden

Mailing Address 1445 Prospect Avenue Unit D

City State Zip Code
Placentia CA 92870-3816

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt
MM / DD / YYYY
05 / 18 / 2011

Transaction ID: 33347626

Amount of Each Receipt this Period
83.34

B.

Full Name (Last, First, Middle Initial)
Dr Kent Hillery

Mailing Address 16448 Country Club Drive

City State Zip Code
Peosta IA 52068-9710

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2011

Transaction ID: 33347627

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Dr Randall Hoch

Mailing Address 206 Fox Farm Rd

City State Zip Code
Lewistown MT 59457-8696

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2011

Transaction ID: 33349091

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **383.34**

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

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

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

FOR LINE NUMBER: PAGE 34 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 720 4Th St Se

City State Zip Code
Cut Bank MT 59427-3511

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2011

Transaction ID: 33349093

Amount of Each Receipt this Period
375.00

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

Mailing Address 1801 Creekside Dr

City State Zip Code
Friendswood TX 77546-7821

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 909.10

Date of Receipt
MM / DD / YYYY
05 / 19 / 2011

Transaction ID: 33350238

Amount of Each Receipt this Period
181.82

C. Full Name (Last, First, Middle Initial)
Dr Desiree Tyer Hopping

Mailing Address 1801 Creekside Dr

City State Zip Code
Friendswood TX 77546-7821

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 909.10

Date of Receipt
MM / DD / YYYY
05 / 19 / 2011

Transaction ID: 33350239

Amount of Each Receipt this Period
181.82

SUBTOTAL of Receipts This Page (optional) ► **738.64**

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

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

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

FOR LINE NUMBER: PAGE 35 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Scott M Burks
Mailing Address P O Box 1351
City Buffalo State MO Zip Code 65622-1351
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 05 / 19 / 2011
Transaction ID: 33350240
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Dr Scott M Pearl
Mailing Address 2245 Nw 142Nd Way
City Pembroke Pines State FL Zip Code 33028-2862
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 208.35
Date of Receipt 05 / 19 / 2011
Transaction ID: 33350242
Amount of Each Receipt this Period 41.67

C. Full Name (Last, First, Middle Initial)
Dr Mitchell Todd Munson
Mailing Address 9940 S Ashleigh Way
City Highlands Ranch State CO Zip Code 80126-4244
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 831.40
Date of Receipt 05 / 19 / 2011
Transaction ID: 33350243
Amount of Each Receipt this Period 166.94

SUBTOTAL of Receipts This Page (optional) ► 308.61
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 36 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 9940 S Ashleigh Way

City Highlands Ranch State CO Zip Code 80126-4244

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.71

Date of Receipt 05 / 19 / 2011

Transaction ID: 33350244

Amount of Each Receipt this Period 83.47

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

Mailing Address Po Box 302
106 Davis Hill Road

City New London State NH Zip Code 03257-0302

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 996.00

Date of Receipt 05 / 16 / 2011

Transaction ID: 33350249

Amount of Each Receipt this Period 166.00

C. Full Name (Last, First, Middle Initial)
Dr Russell T Simmons

Mailing Address 2925 Hot Springs Highway

City Benton State AR Zip Code 72019-1894

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 16 / 2011

Transaction ID: 33350251

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 749.47

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

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

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

FOR LINE NUMBER: PAGE 37 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Douglas Don Creger

Mailing Address 230 Vista Dr

City State Zip Code
Dillon MT 59725-3111

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2011

Transaction ID: 33350994

Amount of Each Receipt this Period
365.00

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

Mailing Address 3371 Rodeo Rd

City State Zip Code
Missoula MT 59803-9651

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2011

Transaction ID: 33350996

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Nathaniel Roland

Mailing Address 10001 Admiral Emerson Ave Ne

City State Zip Code
Albuquerque NM 87111-1339

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2011

Transaction ID: 33350997

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 69
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Sandra J Sheppard

Mailing Address 3825 Mount Avenue

City State Zip Code
Missoula MT 59804-4606

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2011

Transaction ID: 33350999

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr Kevin W Mc Bride

Mailing Address 2940 Rimrock Rd

City State Zip Code
Billings MT 59102-0502

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2011

Transaction ID: 33351001

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 2116 Wildwood Court

City State Zip Code
Fullerton CA 92831-1339

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2011

Transaction ID: 33351036

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Curtis L Dix	Date of Receipt MM / DD / YYYY 05 / 20 / 2011
	Mailing Address 501 E. Ridgeview	Transaction ID: 33351038
	City State Zip Code Culver OR 97734-9712	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr Jeffrey K Smith	Date of Receipt MM / DD / YYYY 05 / 19 / 2011
	Mailing Address 145 Unity Lane	Transaction ID: 33352223
	City State Zip Code Crossett AR 71635-9175	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Dr Michael E Bennett	Date of Receipt MM / DD / YYYY 05 / 21 / 2011
	Mailing Address 4940 Victoria Place	Transaction ID: 33354450
	City State Zip Code Guthrie OK 73044-8668	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.35	

SUBTOTAL of Receipts This Page (optional)	541.67
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 69
(check only one)

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

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

A.

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

Mailing Address 8720 52Nd St Ct W

City State Zip Code
University Pl WA 98467-1758

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2011

Transaction ID: 33354453

Amount of Each Receipt this Period
84.00

B.

Full Name (Last, First, Middle Initial)
Dr Thomas L Lim

Mailing Address 1136 Thorntree Court

City State Zip Code
San Jose CA 95120-1740

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt
MM / DD / YYYY
05 / 21 / 2011

Transaction ID: 33354454

Amount of Each Receipt this Period
41.67

C.

Full Name (Last, First, Middle Initial)
Dr Patrick A Lenane

Mailing Address 2721 N 13Th Street

City State Zip Code
Fort Dodge IA 50501-7210

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2011

Transaction ID: 33354456

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **175.67**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 69
(check only one)

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

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

A.

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

Mailing Address 855 11Th St Place

City State Zip Code
Garner IA 50438-1847

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2011

Transaction ID: 33354457

Amount of Each Receipt this Period
84.00

B.

Full Name (Last, First, Middle Initial)
Dr Erica A Burton

Mailing Address 578 E Hwy T

City State Zip Code
Lamar MO 64759-8209

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2011

Transaction ID: 33354465

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Dr Michael D Conklin

Mailing Address 9067 Bordeaux Way

City State Zip Code
Sandy UT 84093-2216

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2011

Transaction ID: 33354472

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **234.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr David K Talley	Date of Receipt MM / DD / YYYY 05 / 22 / 2011
	Mailing Address 1698 Brookside Drive	Transaction ID: 33354475
	City State Zip Code Germantown TN 38138-2531	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

B.	Full Name (Last, First, Middle Initial) Dr Kathleen E Goff	Date of Receipt MM / DD / YYYY 05 / 23 / 2011
	Mailing Address 114 Crested Peak	Transaction ID: 33354478
	City State Zip Code Santa Teresa NM 88008-9423	Amount of Each Receipt this Period 86.36
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 431.80	

C.	Full Name (Last, First, Middle Initial) Dr Larry D Gunnell	Date of Receipt MM / DD / YYYY 05 / 23 / 2011
	Mailing Address #7 Brenna Dr	Transaction ID: 33354479
	City State Zip Code Wichita Falls TX 76302-2506	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	

SUBTOTAL of Receipts This Page (optional)	254.69
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 43 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Joseph J Jordan, Jr

Mailing Address 224 Laconia Rd

City State Zip Code
Tilton NH 03276-5223

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 833.35

Date of Receipt
MM / DD / YYYY
05 / 23 / 2011

Transaction ID: 33354480

Amount of Each Receipt this Period
166.67

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

Mailing Address 659 Spyglass Summit Drive

City State Zip Code
Chesterfield MO 63017-2142

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 833.35

Date of Receipt
MM / DD / YYYY
05 / 23 / 2011

Transaction ID: 33354483

Amount of Each Receipt this Period
166.67

C. Full Name (Last, First, Middle Initial)
Dr Martin H Carroll

Mailing Address 3700 Essex Road

City State Zip Code
Cheyenne WY 82001-1641

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2011

Transaction ID: 33354484

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **483.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 69
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr Cheryl T Stoker

Mailing Address 825 Parkway Dr

City State Zip Code
Natchitoches LA 71457-5535

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.32

Date of Receipt
MM / DD / YYYY
05 / 23 / 2011

Transaction ID: 33354486

Amount of Each Receipt this Period
83.33

B. Full Name (Last, First, Middle Initial)
Dr Gregory D Norman

Mailing Address 620 W. Cr. 100 N

City State Zip Code
Flora IN 46929

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1083.34

Date of Receipt
MM / DD / YYYY
05 / 23 / 2011

Transaction ID: 33354492

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Tammy Hogan Love

Mailing Address 1524 Stillwater Ct

City State Zip Code
Bowling Green KY 42103-6022

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2011

Transaction ID: 33354494

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **433.33**

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

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

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

FOR LINE NUMBER: PAGE 45 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Kefla G Brown

Mailing Address 30 Sandpiper Dr

City State Zip Code
La Place LA 70068-6429

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2011

Transaction ID: 33354495

Amount of Each Receipt this Period
100.00

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

Mailing Address 8 Johnson Drive

City State Zip Code
Luray VA 22835-9705

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2011

Transaction ID: 33354497

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dr John William Wood

Mailing Address 31555 Lindero Cyn Rd 15

City State Zip Code
Westlake Village CA 91361-4744

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2011

Transaction ID: 33354498

Amount of Each Receipt this Period
62.50

SUBTOTAL of Receipts This Page (optional) ► **212.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 69

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr Elliott M Rosengarten		Date of Receipt
	Mailing Address 7135 Shefford Lane		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Louisville	KY	40242-2854
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 33355665
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="500.00"/>	

B.	Full Name (Last, First, Middle Initial) Dr Steven L Compton		Date of Receipt
	Mailing Address 880 Turner Ford Road		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Franklin	KY	42134-6903
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 33355683
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

C.	Full Name (Last, First, Middle Initial) Dr Thomas E Nye		Date of Receipt
	Mailing Address 42 Tabor Lane		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Hamilton	OH	45013-5118
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 33355866
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="82.73"/>
		<input type="text" value="420.91"/>	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 69

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr Brian J Blount

Mailing Address 5830 N Circuit

City State Zip Code
Beaumont TX 77706-4428

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 909.10

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 1

Transaction ID: 33356088

Amount of Each Receipt this Period

181.82

B.

Full Name (Last, First, Middle Initial)

Dr Teresa M Seim

Mailing Address 75388 Vineyard Way

City State Zip Code
Lawton MI 49065-8609

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 1

Transaction ID: 33356089

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Dr Dennis M Brtva

Mailing Address 57 Pebblebrook Ct

City State Zip Code
Bloomington IL 61705-6300

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 1

Transaction ID: 33356090

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

308.82

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 69

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr Peter V Candela		Date of Receipt MM / DD / YYYY 05 / 24 / 2011		
	Mailing Address P O Box 614		Transaction ID: 33356091		
	City Blythewood	State SC	Zip Code 29016-0614	Amount of Each Receipt this Period 83.34	
	FEC ID number of contributing federal political committee. C				
Name of Employer Self Employed		Occupation Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.70			

B.	Full Name (Last, First, Middle Initial) Dr Dori M Carlson		Date of Receipt MM / DD / YYYY 05 / 24 / 2011		
	Mailing Address P O Box 0		Transaction ID: 33356092		
	City Park River	State ND	Zip Code 58270	Amount of Each Receipt this Period 163.64	
	FEC ID number of contributing federal political committee. C				
Name of Employer Self Employed		Occupation Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 854.56			

C.	Full Name (Last, First, Middle Initial) Dr Steven Thomas Reed		Date of Receipt MM / DD / YYYY 05 / 24 / 2011		
	Mailing Address 4550 Simpson Hwy 28 W		Transaction ID: 33356093		
	City Magee	State MS	Zip Code 39111-5187	Amount of Each Receipt this Period 90.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Self Employed		Occupation Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

SUBTOTAL of Receipts This Page (optional)	336.98
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 49 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Donald Lester Watson

Mailing Address 118 San Marco Drive

City State Zip Code
Tybee Island GA 31328-9706

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2011

Transaction ID: 33356340

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Dr Shannon C Franklin

Mailing Address 427 Cranberry Lane

City State Zip Code
Crozet VA 22932-3160

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2011

Transaction ID: 33356342

Amount of Each Receipt this Period
50.00

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

Mailing Address P O Box 1473
11477 Main Street

City State Zip Code
Martin KY 41649-1473

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2011

Transaction ID: 33356344

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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

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

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

FOR LINE NUMBER: PAGE 50 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 5079 W Sunset Dr

City State Zip Code
Lake Oswego OR 97035-4253

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt
MM / DD / YYYY
05 / 25 / 2011

Transaction ID: 33356346

Amount of Each Receipt this Period
41.67

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

Mailing Address 602 Nw 163Rd St

City State Zip Code
Shoreline WA 98177-3727

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt
MM / DD / YYYY
05 / 25 / 2011

Transaction ID: 33356347

Amount of Each Receipt this Period
41.67

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

Mailing Address 7728 Mid-Cities Blvd

City State Zip Code
North Richland Hil TX 76180-4621

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 363.64

Date of Receipt
MM / DD / YYYY
05 / 25 / 2011

Transaction ID: 33356348

Amount of Each Receipt this Period
90.91

SUBTOTAL of Receipts This Page (optional) ► **174.25**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 69

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr Joe Wesley De Loach		Date of Receipt
	Mailing Address 504 Edgelake Drive		<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Dallas	TX	75218-2111
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 33356349
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="109.00"/>
		<input type="text" value="436.00"/>	

B.	Full Name (Last, First, Middle Initial) Dr John S Bowen		Date of Receipt
	Mailing Address 2570 Northshore Blvd Ste 200		<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Flower Mound	TX	75028-8386
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 33356350
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="84.00"/>
		<input type="text" value="336.00"/>	

C.	Full Name (Last, First, Middle Initial) Dr Stacie Layne Virden		Date of Receipt
	Mailing Address 2432 Lake Air Drive		<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Waco	TX	76710-1611
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 33356351
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="90.91"/>
		<input type="text" value="363.64"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="283.91"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 69

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr Mira B Swiecicki

Mailing Address 664 Clark Rd

City State Zip Code
Bellingham WA 98225-7842

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

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

Transaction ID: 33356354

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Richard L Talkington

Mailing Address 461 Pleasant St
P.O. Box 521

City State Zip Code
Franklin NH 03235-1885

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 1 1

Transaction ID: 33363869

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr Pamela E Theriot

Mailing Address 120 W Vuelta Friso

City State Zip Code
Sahuarita AZ 85629-8672

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 1 1

Transaction ID: 33363870

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Ricky F Groetsch	Date of Receipt MM / DD / YYYY 05 / 23 / 2011
	Mailing Address 2104 Killeen Court	Transaction ID: 33368803
	City State Zip Code Saint Cloud MN 56301-4794	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Dr James Richard Vitale	Date of Receipt MM / DD / YYYY 05 / 24 / 2011
	Mailing Address 161 Main Street	Transaction ID: 33368855
	City State Zip Code Plaistow NH 03865-3020	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Dr D. Cory Rath	Date of Receipt MM / DD / YYYY 05 / 26 / 2011
	Mailing Address 10748 Sprucedale Ave	Transaction ID: 33368948
	City State Zip Code Las Vegas NV 89144-4401	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 69

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr Curtis A Ono

Mailing Address 822 W Barrett

City State Zip Code
Seattle WA 98119-1829

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 1 1

Transaction ID: 33368954

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dr Maryjane Healey

Mailing Address 6710 124Th Place Se

City State Zip Code
Snohomish WA 98296-8649

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: 33373431

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr C. Thomas Crooks, III

Mailing Address 1229 Highland Lakes Trail

City State Zip Code
Birmingham AL 35242-6886

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: 33373432

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Dennis M Johnson		Date of Receipt MM / DD / YYYY 05 / 26 / 2011		
	Mailing Address 1504 W Sognet		Transaction ID: 33373587		
	City Midland	State MI	Zip Code 48640	Amount of Each Receipt this Period 2000.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Self Employed		
Occupation Doctor of Optometry		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 2000.00					

B.	Full Name (Last, First, Middle Initial) Dr Christopher J Parot		Date of Receipt MM / DD / YYYY 05 / 27 / 2011		
	Mailing Address 7618 W Corrine Drive		Transaction ID: 33375715		
	City Peoria	State AZ	Zip Code 85381-9084	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Self Employed		
Occupation Doctor of Optometry		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 250.00					

C.	Full Name (Last, First, Middle Initial) Dr Larry G Obie		Date of Receipt MM / DD / YYYY 05 / 28 / 2011		
	Mailing Address 1330 12Th Ave		Transaction ID: 33375749		
	City Havre	State MT	Zip Code 59501-5401	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Self Employed		
Occupation Doctor of Optometry		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 250.00					

SUBTOTAL of Receipts This Page (optional)	▶	2300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 69
(check only one)

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

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

A.

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

Mailing Address 145 East 84Th St Apt 11A

City State Zip Code
New York NY 10028-2058

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.35

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 1 1

Transaction ID: 33375750

Amount of Each Receipt this Period
166.67

B.

Full Name (Last, First, Middle Initial)
Dr Kathryn Dingley Gurney

Mailing Address 1285 Industry Rd

City State Zip Code
Industry ME 04938-4545

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 1 1

Transaction ID: 33375752

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 9119 Highway 6 #200

City State Zip Code
Missouri City TX 77459-4876

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
454.55

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 1 1

Transaction ID: 33375755

Amount of Each Receipt this Period
90.91

SUBTOTAL of Receipts This Page (optional) ► **307.58**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Dr George W Hertneky		Date of Receipt
	Mailing Address 16862 County Road 28		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Brush	State CO	Zip Code 80723-9424
	FEC ID number of contributing federal political committee. C		Transaction ID: 33375759
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="50.00"/>

B.	Full Name (Last, First, Middle Initial) Dr Sue E Lowe		Date of Receipt
	Mailing Address 1704 Skyline Drive		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Laramie	State WY	Zip Code 82070-8932
	FEC ID number of contributing federal political committee. C		Transaction ID: 33375760
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="833.35"/>	<input type="text" value="166.67"/>

C.	Full Name (Last, First, Middle Initial) Dr Ron Benner		Date of Receipt
	Mailing Address 1408 E Maryland		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Laurel	State MT	Zip Code 59044-2238
	FEC ID number of contributing federal political committee. C		Transaction ID: 33375762
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="833.35"/>	<input type="text" value="166.67"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="383.34"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 69
(check only one)

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

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

A.

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

Mailing Address 21 Fairway Village Lane

City State Zip Code
Isle Of Palms SC 29451-2732

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt
MM / DD / YYYY
05 / 28 / 2011

Transaction ID: 33375763

Amount of Each Receipt this Period
41.67

B.

Full Name (Last, First, Middle Initial)
Dr Jennifer M Smith

Mailing Address 141 Sea Cotton Cir

City State Zip Code
Charleston SC 29412-8296

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt
MM / DD / YYYY
05 / 28 / 2011

Transaction ID: 33375764

Amount of Each Receipt this Period
41.67

C.

Full Name (Last, First, Middle Initial)
Dr G. Richard Mc Guirt, Jr

Mailing Address 1622 Bear Chene

City State Zip Code
Westlake LA 70669-4110

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2011

Transaction ID: 33375766

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **133.34**

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

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

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

FOR LINE NUMBER: PAGE 59 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3120 Brookford Drive

City State Zip Code
Saint Charles MO 63303-6356

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2011

Transaction ID: 33375768

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Dr Thomas J Landry

Mailing Address 9 Greenridge Drive

City State Zip Code
Painted Post NY 14870-9388

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2011

Transaction ID: 33375769

Amount of Each Receipt this Period
50.00

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

Mailing Address 1610 Wilson Court

City State Zip Code
Eugene OR 97402-3361

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2011

Transaction ID: 33375770

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 69
(check only one)

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

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

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

Mailing Address 3795 Sunvalley

City Grantsville State UT Zip Code 84029-8512

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 28 / 2011

Transaction ID: 33375773

Amount of Each Receipt this Period 50.00

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

Mailing Address 301 Concord Road

City Dover State DE Zip Code 19904-9100

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 28 / 2011

Transaction ID: 33375774

Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Dr Jan L Cooper

Mailing Address 101 Chandler West

City Highland State CA Zip Code 92346-5482

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 937.50

Date of Receipt 05 / 31 / 2011

Transaction ID: 33375893

Amount of Each Receipt this Period 187.50

SUBTOTAL of Receipts This Page (optional) ► 287.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Daniel Allen Robison	Date of Receipt MM / DD / YYYY 05 / 27 / 2011
	Mailing Address 21081 Sw Jameco Court	Transaction ID: 33376628
	City State Zip Code Tualatin OR 97062-9313	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr David P Nelson	Date of Receipt MM / DD / YYYY 05 / 31 / 2011
	Mailing Address 5714 Oxbow Bend	Transaction ID: 33380464
	City State Zip Code Madison WI 53716-2472	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr Robert Whitney Wyman	Date of Receipt MM / DD / YYYY 05 / 31 / 2011
	Mailing Address 451 Swanzey Lake Road	Transaction ID: 33380465
	City State Zip Code W Swanzey NH 03469	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1375.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 / 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Samuel P Shippee		Date of Receipt MM / DD / YYYY 05 / 31 / 2011
Mailing Address 2084 Elliot Rd		Transaction ID: 33380473
City St Johnsbury	State VT	Zip Code 05819-8314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Dr Dawn R Pewitt		Date of Receipt MM / DD / YYYY 05 / 27 / 2011
Mailing Address 4010 Porte La Paz 65		Transaction ID: 33380498
City San Diego	State CA	Zip Code 92122-1997
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	▶	865.00
TOTAL This Period (last page this line number only)	▶	38366.22

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Culberson For Congress

Mailing Address P.O. Box 41964

City Houston State TX Zip Code 77241

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. John Abney Culberson

Office Sought: House
 Senate
 President

State: TX District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 33261336
Date of Disbursement

05 / 02 / 2011

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)
Udall For Us All

Mailing Address PO Box 25766

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Tom Udall

Office Sought: House
 Senate
 President

State: NM District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 33276604
Date of Disbursement

05 / 03 / 2011

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)
Volunteers For Shimkus

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. John M. Shimkus

Office Sought: House
 Senate
 President

State: IL District: 19

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 33276605
Date of Disbursement

05 / 03 / 2011

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) John Campbell For Congress Mailing Address 4590 Macarthur Boulevard Suite 500 City Newport Beach State CA Zip Code 92660 Purpose of Disbursement Candidate Contribution Candidate Name Rep. John Campbell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33281525 Date of Disbursement 05 / 05 / 2011 Amount of Each Disbursement this Period 1000.00 Candidate Contribution	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Friends Of Roger Wicker Mailing Address P.O. Box 874 City Tupelo State MS Zip Code 38802 Purpose of Disbursement Candidate Contribution Candidate Name Mr. Roger Wicker Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33284060 Date of Disbursement 05 / 05 / 2011 Amount of Each Disbursement this Period 1000.00 Candidate Contribution	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Adrian Smith For Congress Mailing Address 3321 Avenue I Suite 6 City Scottsbluff State NE Zip Code 69361 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Adrian Smith Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33291941 Date of Disbursement 05 / 09 / 2011 Amount of Each Disbursement this Period 1000.00 Candidate Contribution	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Defazio For Congress</p> <p>Mailing Address PO Box 1316</p> <p>City Springfield State OR Zip Code 97477</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Peter Anthony DeFazio</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33291943 Date of Disbursement: 05 / 09 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Schmidt For Congress Committee</p> <p>Mailing Address 771 Wards Corner Rd</p> <p>City Loveland State OH Zip Code 45140</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Jeannette H. Schmidt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33295359 Date of Disbursement: 05 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Steve Austria For Congress</p> <p>Mailing Address 20 S Limestone St Suite 390</p> <p>City Springfield State OH Zip Code 45502</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Steve Austria</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33295360 Date of Disbursement: 05 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Chambliss For Senate</p> <p>Mailing Address Post Office Box 12469</p> <p>City Atlanta State GA Zip Code 30355</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Sen. Saxby Chambliss</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33319335 Date of Disbursement 05 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Dennis Ross</p> <p>Mailing Address PO Box 7310</p> <p>City Lakeland State FL Zip Code 33807</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Dennis Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33347964 Date of Disbursement 05 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Hoosiers For Rokita, Inc.</p> <p>Mailing Address 7643 East U.S. 36</p> <p>City Avon State IN Zip Code 46123</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Theodore Rokita</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33347968 Date of Disbursement 05 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 67 / 69

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

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

A. Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee <hr/> Mailing Address 120 Maryland Avenue, N.E. <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Committee Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33350672 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 1 1
	Amount of Each Disbursement this Period 15000.00 <hr/> Committee Contribution
B. Full Name (Last, First, Middle Initial) Friends Of John Barrow <hr/> Mailing Address PO Box 8166 <hr/> City Savannah State GA Zip Code 31412 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Rep. John Barrow <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33355884 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00 <hr/> Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ►

17000.00

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

30500.00

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Wachovia Federal	Transaction ID: 33381035 Date of Disbursement
	Mailing Address 1650 Tyson Blvd.	<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City McLean State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="593.94"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Bank Fee

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 33391559 Date of Disbursement
	Mailing Address PO Box 790251	<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
	City St. Louis State MO Zip Code 63179	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="919.87"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Bank Fee

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 33391580 Date of Disbursement
	Mailing Address PO Box 790251	<input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
	City St. Louis State MO Zip Code 63179	Amount of Each Disbursement this Period
	Purpose of Disbursement American Express Fee	<input type="text" value="277.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		American Express Fee

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1790.81"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 69 / 69

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

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

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 790251

City State Zip Code
St. Louis MO 63179

Purpose of Disbursement
Bank Fee

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 33391581

Date of Disbursement

05 / 16 / 2011

Amount of Each Disbursement this Period

78.89

Bank Fee

SUBTOTAL of Disbursements This Page (optional)

78.89

TOTAL This Period (last page this line number only)

1869.70