FEC FORM 3X	AN	EPORT O ID DISBU Other Than A	JRSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING L		ample:If typing er the lines	, type			
	ric Association	Political Action Co	mmittee					
ADDRESS (number and	street)	505 Prince Street						
Check if differ than previousl reported. (ACC	ent L	uite 300 lexandria 					22314 	
2. FEC IDENTIFICAT	ION NUMBER	¥ _	CITY 🛦		S	STATE	ZIPCOD	E 🔺
C00024968			3. IS THIS REPORT		NEW N) OR	AM (A)	ENDED	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE)	(b) Monthly Report Due On: (c) 12-Day PRE -Elec Report fo (d) 30-Day) X		Sep 2	2G)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
Year Only		Post -Ele Report fo		General (30G	à)	Runoff (30	DR) in the State of	Special (30S)
5. Covering Period	05	01 20	11	through	05	31	2011	
I certify that I have exam Type or Print Name of T Signature of Treasurer	-	Thomas E. Nye, O		and belief it is		and complete.	10	2011
NOTE : Submission of f	alse, erroneous	s, or incomplete inf	ormation may si	ubject the perso	on signina this	Report to the	penalties of 2 U.S	.C 437g.
Office Use Only							FEC FORM (Rev. 12/200	/ 3X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISDURSEMENTS	Page 2	
V	Vrite or Type Committee Name American Optometric Association Pol	itical Action Committee		
F				
		COLUMN A This Period	COLUMN B Calendar Year-to-Date	
6.	(a) Cash on Hand January 1 2011 ^{Y Y Y}		393463.33	
	(b) Cash on Hand at Begining 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		

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

For further information contact:

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

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

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

\\/rito . т. nitto Page 3

Report Covering the Period: From:		To: 05 0 1 2011
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Contributions (other than loans) From: (a) Individuals/Persons Other 		
Than Political Committees (i) Itemized (use Schedule A)	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) (d) Total Contributions (add Lines 	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	47651.33	343148.62
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	75.82	342.15
3. 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
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	47727.15	343490.77
). Total Federal Receipts (subtract Line 18(c) from Line 19)	47727.15	343490.77

FE6AN026

DETAILED SUMMARY PAGE of Disbursements

COLUMN A

Total This Period

0.00

0.00

1869.70

FEC Form 3X (Rev. 02/2003)

II DISBURSEMENTS

		II. DISBURSEMENTS	
21.	Ope (a)	erating Expenditures: Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	
		(ii) Non-Federal Share	
	(b)	Other Federal Operating	
		Expenditures	
	(c)	Total Operating Expenditures	
		(add 21(a)(i), (a)(ii) and (b)) 🕨	
22.	Tra	nsfers to Affiliated/Other Party	
23.	Cor	nmittees htributions to	
	Fed	leral Candidates/Committees	
24.		ependent Expenditure	
	(use	e Schedule E)	
25.	Ċoc		
	Cor (use	nmittees (2 U.S.C. 441a(d)) e Schedule F)	
	(,	
26.	Loa	n Repayments Made	L.,
07	1.00	ns Made	
27.		unds of Contributions To:	<u> </u>
	(a)		
	(b)	Political Party Committees	
	(c)	Other Political Committees	

 1869.70	
 0.00	
30500.00	
0.00	
0.00	
0.00	
0.00	
0.00	1
0.00	=
0.00	5
0.00	=
0.00	=

COLUMN B Calendar Year-to-Date					
0.00					
0.00					
11330.91					
11330.91					
0.00					
225500.00					
0.00					
0.00					
0.00					
0.00					
125.00					
0.00					
0.00					
125.00					
0.00					

		0	0.00
			0.00
			0.00
		ę	0.00

32369.70

-	-	-		-	0.00
					0.00
			0	į	0.00
					0.00

236955.91 32369.70 236955.91

29.	Other Disbursements
30.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) (i) Federal Share
	(ii) "Levin" Share
	(b) Federal Election Activity Paid Entirely

(d) Total Contribution Refunds

(such as PACs)

With Federal Funds (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....

- 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..
- 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

FE6AN026

Page 4

DETAILED SUMMARY PAGE

of Disbursements

	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	

FE6AN026

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 69 (check only one) 11a X 11a 13 14 15 16 17
Any i or for	nformation copied from such Reports and Sta r commercial purposes, other than using the r	tatements may name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions
	AME OF COMMITTEE (In Full) merican Optometric Association Politi	tical Action C	Committee	
A . <u>D</u>	ull Name (Last, First, Middle Initial) r John D Coble			Date of Receipt
Μ	lailing Address 1501 Sunset Hill			05 / D D / Y Y Y Y 05 / 01 2011
	ity	State	Zip Code	Transaction ID: 33250007
_	Rockwall	TX	75087-3216	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		83.35
N S	ame of Employer elf Employed	Occupation Doctor of	Optometry	
R	eceipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	416.75]
	ull Name (Last, First, Middle Initial) r Christopher J Quinn			Date of Receipt
М	lailing Address 9 Garryford Drive			M · M / D · D / Y Y · Y <
	ity	State	Zip Code	Transaction ID: 33250010
	liddletown	NJ	07748-3761	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		2000.00
N S	ame of Employer elf Employed	Occupation Doctor of	Optometry	
R	eceipt For: Primary General	Aggregate	Year-to-Date 🔻	_
	Other (specify) v	0 0	2000.00	
	ull Name (Last, First, Middle Initial) r Dirk E Graves			Date of Receipt
М	ailing Address 106 Elliott Circle			05 / D D / Y Y Y Y Y 01 / 2011
	ity	State	Zip Code	Transaction ID: 33250011
_		SC	29621-3361	Amount of Each Receipt this Period
fe	EC ID number of contributing deral political committee.	C		125.00
S	ame of Employer elf Employed	1 1	Optometry	
R	eceipt For: Primary General	Aggregate	Year-to-Date 🔻	_
	Other (specify)	0 0	375.00	
SUE	I BTOTAL of Receipts This Page (optional)	I		2208.35
	FAL This Period (last page this line number o			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 69 (check only one) X X 11a 11b 11c 12
Any information copied from such Reports or for commercial purposes, other than using	and Statements may not be sold or used by any person ng the name and address of any political committee to	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association		
Full Name (Last, First, Middle Initial) Dr Philip Wayne Marler		Date of Receipt
Mailing Address 204 Pioneer Hills		05 01 2011
City	State Zip Code	Transaction ID: 33250012
Carthage	MS 39051-9150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr Kevin Katz	1	Date of Receipt
Mailing Address 1205 Pin Oak Driv	ve	05 / Y Y Y Y 03 2011
City	State Zip Code	Transaction ID: 33261498
Dickinson	TX 77539-3320	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	163.64
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date	
Other (specify)	818.20	
Full Name (Last, First, Middle Initial) C. Dr Kathleen E Powell		Date of Receipt
Mailing Address 9710 Copper Driv	е	05 / 03 / Y Y Y Y 05 / 03 2011
City	State Zip Code	Transaction ID: 33261499
Anchorage	AK 99507-1226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date ▼ 425.00	
SUBTOTAL of Receipts This Page (option	nal)	748.64
TOTAL This Period (last page this line nu	mber only)	

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 8 / 69
		Use separate schedule(s) for each category of the	(check only one)
• •		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	American Optometric Association Poli	tical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Robert L Jarrell, III		Date of Receipt
	Mailing Address 50 Cedar Hill Rd		05 / D J / Y Y Y Y 03 / 2011
	City	State Zip Code	Transaction ID: 33271415
	Albuquerque	NM 87122-1928	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	285.72
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	285.72	
— В.	Full Name (Last, First, Middle Initial) Dr Paul C Ajamian		Date of Receipt
	Mailing Address 245 Shadowbrook Driv	/e	05 / D D / Y Y Y Y 05 / 04 2011
	City	State Zip Code	Transaction ID: 33276692
	Roswell	GA 30075-4600	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date	
	Other (specify)	500.00	
— c.	Full Name (Last, First, Middle Initial) Dr Robert J Fleckenstein	1	Date of Receipt
	Mailing Address 1830 Rebel Ridge		05 04 YYYY 011 04
	City	State Zip Code	Transaction ID: 33276693
	Anchorage	AK 99504-2900	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	85.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	425.00	
	SUBTOTAL of Receipts This Page (optional)		620.72
	FOTAL This Period (last page this line number	only)	

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $					
,	Any information copied from such Reports and s or for commercial purposes, other than using the	Statements may not be sold or used by any e name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)							
	American Optometric Association Pol	nical Action Committee						
A.	Full Name (Last, First, Middle Initial) Dr Harvey B Richman, FAAO		Date of Receipt					
	Mailing Address 136 Main Street		05 / D D / Y Y Y Y 04 2011					
	City	State Zip Code	Transaction ID: 33276696					
	Manasquan	NJ 08736-3558	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	41.67					
	Name of Employer Self Employed	Occupation Doctor of Optometry						
	Receipt For:	Aggregate Year-to-Date ▼						
	Primary General Other (specify) ▼	208.3	5					
- В.	Full Name (Last, First, Middle Initial) Dr James T Koch		Date of Receipt					
	Mailing Address 5009 Briar Cliff Court		05 / D D / Y Y Y 2011					
	City	State Zip Code	Transaction ID: 33276938					
	Panora	IA 50216-8617	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	365.00					
	Name of Employer Self Employed	Occupation Doctor of Optometry						
	Receipt For:	Aggregate Year-to-Date V						
	Primary General Other (specify) ▼	365.0	0					
– C.	Full Name (Last, First, Middle Initial) Dr Robert Carl Layman	1	Date of Receipt					
	Mailing Address 4937 Homerdale Aver	ue	0 5 / D D / Y Y Y Y 0 2 2 0 1 1					
	City	State Zip Code	Transaction ID: 33276939					
	Toledo	OH 43623-2930	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	2000.00					
	Name of Employer Self Employed	Occupation Doctor of Optometry						
	Receipt For:	Aggregate Year-to-Date 🔻						
	Primary General Other (specify) ▼	2000.0	0					
ſ	SUBTOTAL of Receipts This Page (optional) .		2406.67					
	TOTAL This Period (last page this line number	only)						

ļ	SCHEDULE A (FEC Form 3X)		loo concrete cohodula(a)	FOR LINE NUMBER: PAGE 10 / 69
		f	Jse separate schedule(s) or each category of the	(check only one)
•		[Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not e name and addres	t be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions
	American Optometric Association Poli	itical Action Cor	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr Rose Marie Betz			Date of Receipt
	Mailing Address 7300 N Bluff Drive			0 5 / D D / Y Y Y Y 0 2 / 2 0 1 1
	City	State	Zip Code	Transaction ID: 33277079
	Tuscaloosa	AL	35406-2608	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Doctor of Or	otometry	
	Receipt For:	Aggregate Yea		_
	Primary General		400.00	1
	Other (specify)	0 0 0	+00.00	
в.	Full Name (Last, First, Middle Initial) Dr Julie A Toon			Date of Receipt
	Mailing Address 2204 Longwood Cir			M M / D D / Y Y Y Y 05 04 2011
	City	State	Zip Code	Transaction ID: 33277083
	Wichita	KS	67226-1157	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of Or	otometry	
	Receipt For:	Aggregate Yea	ar-to-Date 🔻	
	Primary General Other (specify) ▼		300.00]
- C.	Full Name (Last, First, Middle Initial) Dr David Edward Magnus			Date of Receipt
	Mailing Address PO Box 2144			0 5 0 5 2 0 1 1
	City	State	Zip Code	Transaction ID: 33281064
	Corrales	NM	87048-2144	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of Op	otometry	
	Receipt For:	Aggregate Yea	•	
	Primary General Other (specify) ▼		250.00]
ſ	SUBTOTAL of Receipts This Page (optional)	1	h	200.00
┢				
	TOTAL This Period (last page this line number	(iny)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 69 (check only one) 11a X 11a 113 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage	⊥ y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	itical Action	Committee	
∠ 4.	Full Name (Last, First, Middle Initial) Dr Clarke D Newman			Date of Receipt
	Mailing Address 7700 Greenway Blvd A	A-4		05 / D D / Y Y Y Y 05 05 / 2011
	City	State	Zip Code	Transaction ID: 33281068
	Dallas FEC ID number of contributing federal political committee.		75209-7324	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	1 1	e Year-to-Date ▼ 500.00]
	Full Name (Last, First, Middle Initial) Dr Frederick P Darin			Date of Receipt
	Mailing Address 405 Tirrell Rd			05 [/] 06 [/] 2011
	City Charlotte	State MI	Zip Code	Transaction ID: 33284189
	FEC ID number of contributing federal political committee.	C	48813-2131	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupatio Doctor o	ⁿ f Optometry	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	≥ Year-to-Date ▼ 250.00]
-	Full Name (Last, First, Middle Initial) Dr Christopher J Colburn Mailing Address 30 Winchester Rd			Date of Receipt
		01-11-	7'- 0	05 06 2011
	City Lakewood	State NY	Zip Code 14750-1734	Transaction ID: 33284193 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer Self Employed	1 1	f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 416.70	
	SUBTOTAL of Receipts This Page (optional)			383.34
	TOTAL This Period (last page this line number		•	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 12 / 69 (check only one)
ſ	TEMIZED RECEIPTS		Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	Any information copied from such Reports and So or for commercial purposes, other than using the	tatements may no name and addres	t be sold or used by any perso s of any political committee to	n for the purpose of soliciting contributions
	American Optometric Association Polit	tical Action Cor	nmittee	
A.	Full Name (Last, First, Middle Initial) Dr Gilbert G Wong			Date of Receipt
	Mailing Address 7810 W Maui Lane			M M / D D / Y Y Y Y 05 06 2011
	City	State	Zip Code	Transaction ID: 33286983
	Peoria	AZ	85381-3414	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of O	otometry	
	Receipt For:	Aggregate Ye		
	Primary General		500.00	1
	Other (specify)	· · · ·		1
В.	Full Name (Last, First, Middle Initial) Dr Jacqueline M Bowen			Date of Receipt
	Mailing Address 3930 W 19Th St Ln			05 08 2011
	City	State	Zip Code	Transaction ID: 33286996
	Greeley	CO	80634-3446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of O	otometry	
	Receipt For:	Aggregate Ye		-
	Primary General Other (specify) Image: Content of the specific spec		250.00	
– C.	Full Name (Last, First, Middle Initial) Dr Rebecca H Wartman	1		Date of Receipt
	Mailing Address 46 Lambeth Walk			05 08 2011
	City	State	Zip Code	Transaction ID: 33287003
	Fairview	NC	28730-7721	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation Doctor of O	otometry]
	Receipt For:	Aggregate Ye		1
	Primary General Other (specify)		800.00	
Γ	SUBTOTAL of Receipts This Page (optional)		·····•	750.00
F	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC For ITEMIZED RECEIPTS	rm 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 69 (check only one)					
or for commercial purposes, other the	eports and Statements may not be sold or used by any per an using the name and address of any political committee	rson for the purpose of soliciting contributions					
American Optometric Assoc	iation Political Action Committee						
Full Name (Last, First, Middle Init A. Dr David J Esplin	,	Date of Receipt					
Mailing Address 34 South 59	Mailing Address 34 South 590 East						
City	State Zip Code	Transaction ID: 33287012					
Salem	UT 84653-5519	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	45.00					
Name of Employer Self Employed	Occupation Doctor of Optometry						
Receipt For:	Aggregate Year-to-Date 🔻						
Other (specify) ▼	225.00						
Full Name (Last, First, Middle Init Dr David J Shippee	ial)	Date of Receipt					
Mailing Address Box 307		05 / 09 / Y Y Y Y 05 / 09 / 2011					
City	State Zip Code	Transaction ID: 33287013					
Sherman Oaks FEC ID number of contributing federal political committee.	ME 04777	Amount of Each Receipt this Period 41.66					
Name of Employer Self Employed	Occupation Doctor of Optometry						
Receipt For:	Aggregate Year-to-Date ▼						
Other (specify)	208.30						
Full Name (Last, First, Middle Init Dr Robert P Wooldridge	ial)	Date of Receipt					
Mailing Address 1852 Aintree	Ave	05 / 09 / Y Y Y Y 05 / 09 2011					
City	State Zip Code	Transaction ID: 33287016					
Draper	UT 84020-7711	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.		125.00					
Name of Employer Self Employed	Occupation Doctor of Optometry						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
SUBTOTAL of Receipts This Page	(optional)	211.66					
TOTAL This Period (last page this	line number only)	•					

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 14 / 69 (check only one) X 11a 11b 11c 12
Ā	Any information copied from such Reports and Si	Statements may	Detailed Summary Page not be sold or used by any perso	n for the purpose of soliciting contributions
	r for commercial purposes, other than using the	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) American Optometric Association Polit	tical Action (Committee	
Δ.	Full Name (Last, First, Middle Initial) Dr Kenneth Ray Moultrie			Date of Receipt
	Mailing Address 1809 Gaslight Way			05 09 Y Y Y Y 015 09 2011
	City	State	Zip Code	Transaction ID: 33287018
	Huntsville FEC ID number of contributing federal political committee.	C	35801-1555	Amount of Each Receipt this Period 55.00
	Name of Employer Self Employed	Occupation	Optometry	_
	Receipt For:	1 I	Year-to-Date V	1
	Other (specify)	0 0	215.00	
	Full Name (Last, First, Middle Initial) Dr Barbara L Horn			Date of Receipt
	Mailing Address 61269 Coralburst Dr			05 / D D / Y Y Y Y 09 2011
	City	State	Zip Code	Transaction ID: 33287019
	Washington	MI	48094-1746	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		168.18
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify) ▼	1 1	Year-to-Date ▼ 822.72]
	Full Name (Last, First, Middle Initial) Dr Leslie N Richardson	I		Date of Receipt
	Mailing Address 121 Kensington Ln			M M / D D / Y Y Y Y 05 04 2011
	City	State	Zip Code	Transaction ID: 33287765
	Campbellsville	KY	42718-8924	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer Self Employed	1 · · · · · · · · · · · · · · · · · · ·	Optometry	_
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date 240.00]
	SUBTOTAL of Receipts This Page (optional)		•••••	343.18
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)	Г		FOR LINE NUMBER: PAGE 15/69
	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may i e name and addr	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions
ľ	NAME OF COMMITTEE (In Full)			
	American Optometric Association Poli	itical Action C	ommittee	
Α.	Full Name (Last, First, Middle Initial) Dr Jon Q Montoya			Date of Receipt
	Mailing Address 1401 Aztec Rd Nw			05 / 04 / Y Y Y Y 015 / 04 / 2011
	City	State	Zip Code	Transaction ID: 33287766
	Albuquerque	NM	87107-2715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation		
	Receipt For:	Doctor of (Year-to-Date V	-
	Primary General	Aggregate		1
	Other (specify) ▼	0 0	1000.00	
в.	Full Name (Last, First, Middle Initial) Dr Frank Thomas Chinisci	•		Date of Receipt
	Mailing Address 8315 Holbrook Ct Ne			05 04 2011
	City	State	Zip Code	Transaction ID: 33287772
	Albuquerque	NM	87122-3841	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of 0	Optometry	
	Receipt For:		Year-to-Date V	
	Primary General Other (specify) ▼	0 0	365.00]
- с.	Full Name (Last, First, Middle Initial) Dr Paul Philippe Cote			Date of Receipt
	Mailing Address 18 Little Androscoggin	n Drive		M M / D D / Y Y Y Y 05 10 2011
	City	State	Zip Code	Transaction ID: 33292104
	Auburn	ME	04210-8884	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Self Employed	Occupation Doctor of (Optometry	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0.0	208.35]
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1406.67
	TOTAL This Period (last page this line number		· · ·	
			······································	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting of or commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr Joe Ernest Ellis Mailing Address 179 Wood Trace City State Benton KY FEC ID number of contributing federal political committee. Name of Employer Occupation Self Employed Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 4833.35	committee.
American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr Joe Ernest Ellis Mailing Address 179 Wood Trace City State Zip Code Benton KY 42025-9400 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date Primary General	2 0 1 1 106 this Period
A. Dr Joe Ernest Ellis Date of Receipt Mailing Address 179 Wood Trace Date of Receipt City State Zip Code Benton KY 42025-9400 Transaction ID: 33292 FEC ID number of contributing federal political committee. Occupation Doctor of Optometry Name of Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date Primary General	2 0 1 1 106 this Period
City State Zip Code Benton KY 42025-9400 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date Primary General	2 0 1 1 106 this Period
Benton KY 42025-9400 Amount of Each Receipt FEC ID number of contributing federal political committee. C Amount of Each Receipt Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date Primary General 822.25	this Period
FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General	
federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date Primary General	166.67
Self Employed Doctor of Optometry Receipt For: Aggregate Year-to-Date Primary General	
Receipt For: Aggregate Year-to-Date Primary General	
022.25	
Full Name (Last, First, Middle Initial) Dr Gregory C Russell Date of Receipt	
Mailing Address 2505 Rivermont Circle	2011
City State Zip Code Transaction ID: 33292	107
Kingsport TN 37660-2392 Amount of Each Receipt	this Period
FEC ID number of contributing federal political committee.	83.33
Name of Employer Occupation Self Employed Doctor of Optometry	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 416.65	
Full Name (Last, First, Middle Initial) Dr Larry J Bonderud Date of Receipt	
Mailing Address 497 Ohaire Blvd	2011
City State Zip Code Transaction ID: 33292	108
Shelby MT 59474-1960 Amount of Each Receipt	this Period
FEC ID number of contributing federal political committee.	2000.00
Name of Employer Occupation Self Employed Doctor of Optometry	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	
SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	2250.00

				FOR LINE NUMBER: PAGE 17/69
ļ	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 69 (check only one)
I	TEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	ay not be sold or used by any pers Idress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Poli	tical Action	Committee	
A.	Full Name (Last, First, Middle Initial) Dr Gilbert E Pierce			Date of Receipt
	Mailing Address 8639 Olenbrook Drive			05 / 10 / Y Y Y Y 2011
	City	State	Zip Code	Transaction ID: 33292109
	Lewis Center	OH	43035-8702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Self Employed	Occupatio		
		1 -	of Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	225.00	
- 3.	Full Name (Last, First, Middle Initial) Dr Steve N Nguyen			Date of Receipt
	Mailing Address 7417 Primrose Dr			05 10 Y Y Y Y 2011
	City	State	Zip Code	Transaction ID: 33292112
	Irving	ТΧ	75063-5507	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio		
		1 1	of Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0.0	500.00	
-).	Full Name (Last, First, Middle Initial) Dr Gregory Willard Hicks			Date of Receipt
	Mailing Address 419 Bogart Road East			05 11 2011
	City	State	Zip Code	Transaction ID: 33295351
	Sandusky	OH	44870-6404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	838.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I		461.00
┢				
	TOTAL This Period (last page this line number	only)		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 69 (check only one)
or for	information copied from such Reports and S r commercial purposes, other than using the AME OF COMMITTEE (In Full)	Statements may name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	merican Optometric Association Polit	tical Action (Committee	
	ull Name (Last, First, Middle Initial) r Robert Craig Janot			Date of Receipt
	lailing Address 100 Orchard Drive			0 5 / 1 1 / Y Y Y Y 0 5 / 1 1
	ity	State	Zip Code	Transaction ID: 33295353
	Sulphur	LA	70663-6268	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		41.67
N S	ame of Employer elf Employed	Occupation Doctor of	n Optometry	
R	eceipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	208.35]
. <u>D</u>	ull Name (Last, First, Middle Initial) r James L Boccuzzi			Date of Receipt
_	lailing Address 689 Mansfield City Rd			05 / D D / Y Y Y Y 05 / 11 / 2011
	ity	State	Zip Code	Transaction ID: 33295355
_	Storrs Mansfield	СТ	06268-2728	Amount of Each Receipt this Period
fe	EC ID number of contributing deral political committee.	C		500.00
S	ame of Employer elf Employed	Occupation Doctor of	n Optometry	
R	eceipt For: Primary General	Aggregate	Year-to-Date	_
	Other (specify) ▼	0 0	1000.00	
	ull Name (Last, First, Middle Initial) r Charles Henry Kinney	1		Date of Receipt
M	lailing Address 223 Highland Drive			M M M / D D / Y Y Y Y <
	ity	State	Zip Code	Transaction ID: 33301170
_		NC	27288-4926	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		365.00
S	ame of Employer elf Employed	1 1	Optometry	
R	eceipt For: Primary General	Aggregate	Year-to-Date V	
	Other (specify) ▼	0 0	365.00	
SUE	BTOTAL of Receipts This Page (optional)			906.67
	FAL This Period (last page this line number of		•	

SCHEDULE A (FE	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/69 (check only one) 11a X 11a 13 14 15 16
or for commercial purposes	, other than using the name and ad	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
American Optometri	E (In Full) C Association Political Action	Committee	
Full Name (Last, First, N Dr Dale G Lervick	liddle Initial)		Date of Receipt
	West Dry Creek Rd		05 09 2011
City	State	Zip Code	Transaction ID: 33301171
Littleton	CO	80120-3271	Amount of Each Receipt this Period
FEC ID number of contri federal political committe			350.00
Name of Employer Self Employed	Occupatio	n f Optometry	
Receipt For:	I !	Year-to-Date V	
Primary 0 Other (specify) ▼	General	350.00	
Full Name (Last, First, M Dr Paul J Werdell	liddle Initial)		Date of Receipt
Mailing Address 49 H	ansen Drive		05 / D D / Y Y Y Y 05 09 2011
City	State	Zip Code	Transaction ID: 33301197
Vernon	CT	06066-5914	Amount of Each Receipt this Period
FEC ID number of contri federal political committe			250.00
Name of Employer Self Employed	Occupatio Doctor o	ⁿ f Optometry	
Receipt For:		e Year-to-Date 🔻	
Other (specify)	General	250.00	
Full Name (Last, First, N Dr Brett Alan Hines	liddle Initial)		Date of Receipt
Mailing Address Po B	ox 580		0 5 0 9 2 0 1 1
City	State	Zip Code	Transaction ID: 33301198
<u>Cynthiana</u>	KY	41031-0580	Amount of Each Receipt this Period
FEC ID number of contri federal political committe			365.00
Name of Employer Self Employed	Occupatio Doctor o	ⁿ f Optometry	
Receipt For:		e Year-to-Date 🔻	_
Primary 0 Other (specify) ▼	General	365.00	
SUBTOTAL of Receipts T	his Page (optional)		965.00
	age 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) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	tical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Jerry Samuel Hardison	Date of Receipt	
	Mailing Address 6 Scarsdale Road	05 / 09 / Y Y Y 2011	
	City	State Zip Code	Transaction ID: 33301199
	West Hartford	CT 06107-3338	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Other (specify) ▼	250.00	
В.	Full Name (Last, First, Middle Initial) Dr Patricia Westfall-Elsberry		Date of Receipt
	Mailing Address 136 Tamara Ln		0 5 / D D / Y Y Y Y 0 5 / 0 9 / 2 0 1 1
	City	State Zip Code	Transaction ID: 33301200
	Searcy	AR 72143-8873	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date 🔻	_
	Other (specify)	500.00	
с.	Full Name (Last, First, Middle Initial) Dr Fred Wallace		Date of Receipt
	Mailing Address 208 Eastwood Drive		05 / D D / Y Y Y Y 09 2011
	City	State Zip Code	Transaction ID: 33301202
	Homewood	AL 35209-6606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify) ▼	500.00	
	SUBTOTAL of Receipts This Page (optional)		1250.00
	TOTAL This Period (last page this line number	only)	

9	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 21 / 69
	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
-			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Poli	itical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Teresa L Madden	Date of Receipt		
	Mailing Address Rt 5			M M / D D / Y
	City	State	Zip Code	Transaction ID: 33301203
	Manchester	KY	40962-9805	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	_
	Receipt For:	- · · · · · · · · · · · · · · · · · · ·	e Year-to-Date 🔻	-
	Primary General		520.84	1
	Other (specify)	0 0		
в.	Full Name (Last, First, Middle Initial) Dr Steven Arthur Loomis			Date of Receipt
	Mailing Address 6436 Spotted Fawn Ru	un		M M / D D / Y
	City	State	Zip Code	Transaction ID: 33301553
	Littleton	CO	80125-9055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupatio		
		1 1	f Optometry	_
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify)	0 0	1000.00	
- C.	Full Name (Last, First, Middle Initial) Dr Randolph E Brooks			Date of Receipt
	Mailing Address 3 Schindler Drive			M M / D D / Y Y Y Y 05 12 2011
	City	State	Zip Code	Transaction ID: 33301556
	Succasunna	NJ	07876-1183	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	7
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1000.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1		900.00
┝	CODICIAL OF RECEIPTS THIS FAGE (Optional)			
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 22 / 69 (check only one)		
1	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11		
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full)					
	American Optometric Association Pol	litical Action (Committee			
	Full Name (Last, First, Middle Initial) Dr Fred H Dubick					
	Mailing Address 4047 Meadow Lark Dr	rive		M M / D D / Y		
	City	State	Zip Code	Transaction ID: 33301557		
	Calabasas	CA	91302-1844	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		200.00		
	Name of Employer Self Employed	Occupation Doctor of	n Optometry			
	Receipt For:		Year-to-Date V	-		
	Primary General Other (specify) ▼		1000.00]		
-	Full Name (Last, First, Middle Initial) Dr Richard H Eklof	<u> </u>		Date of Receipt		
•	Mailing Address 501 17 Avenue			05 12 2011		
	City State		Zip Code	Transaction ID: 33301561		
	Langdon	ND	58249-1702	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self Employed	Occupation Doctor of	n ^r Optometry			
	Receipt For:	Aggregate	Year-to-Date 🔻			
	Primary General Other (specify) ▼	0 0	500.00]		
-	Full Name (Last, First, Middle Initial) Dr D. William Lakin			Date of Receipt		
	Mailing Address 44260 Boulder Drive			M M / D D / Y Y Y Y 05 12 2011		
	City	State	Zip Code	Transaction ID: 33304325		
	Clinton Township	MI	48038-1430	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		365.00		
	Name of Employer Self Employed	Occupation Doctor of	n ^r Optometry			
	Receipt For:	Aggregate	Year-to-Date 🔻	_		
	Primary General Other (specify) Image: Constraint of the second seco	0 0	365.00]		
Γ	SUBTOTAL of Receipts This Page (optional)	1		1065.00		
┝						
L	TOTAL This Period (last page this line number	r oniy)				

Arry information copies from such Reports and Statemente may not be odd or used by any person to the purpose of deficiting contributions from such committee. Anter CP COMMITTEE (in Full) Americal Optionetric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Linds 5 Pineky Maling Address Date of Receipt Primary Beergel For: Primary General Other (specify) ▼ Date of Receipt Maling Address Bale information VA Seff Employee Occupation Bale of Receipt Date of Receipt Difficial committee Dr Brand Nature Defender Costributing the period Doccupation Defender Set Site State Difficial on mittee Defender Set Site Set Site Set Set Set Set Set Set Set Set Set S	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 23 / 69 (check only one) X 11a 11b 11c 12			
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 Ful) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Lnda S Pinsky Mailing Address Amage of Employer Occupation Name (Last, First, Middle Initial) Dr. Lnda S Pinsky City State Zip Code Receipt For: Other (specify) General Occupation Mailing Address 845 Olympus Dete of Receipt Aggregate Year-to-Date Y Other (specify) Mailing Address 845 Olympus Did Cor of Optometry Receipt For: Other (specify) Mailing Address 845 Olympus Did Cor of Optometry Receipt For: Other (specify) Receipt For: Other (specify) Receipt For: Other (specify) Mailing Address </th <th>Any information copied from such Reports and s</th> <th>Detailed Summary Page Statements may not be sold or used by any perso</th> <th>13 14 15 16 17</th>	Any information copied from such Reports and s	Detailed Summary Page Statements may not be sold or used by any perso	13 14 15 16 17			
American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Inda S Pinsky Mailing Address Date of Receipt City State Zip Code Name (Last, First, Middle Initial) Dr. Inda S Pinsky Date of Receipt City State Zip Code Name (Last, First, Middle Initial) Dr. Frank Billow Other (specify) Querter (specify) Agregate Year-to-Date Primary General Dr. Frank Middle Initial) Dr. Frank Billow Date of Receipt Maiing Address Berolife Committee. City State Zip Code Maiing Address Maiing Address Beoil Employer Doctor of Optometry Agregate Year-to-Date Primary General Difter (specify) Maiing Address 1602 Wildwood St Sw City <t< th=""><th>or for commercial purposes, other than using the</th><th>e name and address of any political committee to</th><th>solicit contributions from such committee.</th></t<>	or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) Date of Receipt Date of Receipt Date of Receipt Mailing Address 5730 Turkey Oak Road Oily State Zip Code Richmond VA 232373912 Perinary C Date of Receipt Mailing Address 5730 Turkey Oak Road Date of Receipt Name of Engloyer Occupation Dector of Optiometry Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Primary General Obter (specify) ♥ Date of Receipt His Period Definance C 250.00 Date of Receipt Bailing Address 845 Olympus Drive Zip Code Transaction ID: 33304738 City State Zip Code Transaction ID: 33304738 Sheridan WY 82801-5432 Transaction ID: 33304738 PEC ID number of contributing tederal political committee. C Date of Receipt His Period Sheridan May 28201-5432 Transaction ID: 33304738 Transaction ID: 33304738 PEC ID number of contributing tederal political committee. C Date of Receipt His Period Pinary Ge						
Dr Linda S Pinsky Date of Receipt Mailing Address 5730 Turkey Oak Road City State Zip Code Richmond VA 2327.3912 FEC ID number of contributing federal political committee. C Amount of Each Receipt IIIs Period Receipt For: Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Pinnary Pland IN Bilyau Date of Receipt III Transaction ID: 33304738 Mailing Address 845 Olympus Drive Date of Receipt III City State Zip Code FEC ID number of contributing federal political committee. C Date of Receipt IIII Mailing Address 845 Olympus Drive Transaction ID: 33304738 Sheridan WY 82801:5432 Amount of Each Receipt IIIs Period PEC ID number of contributing federal political committee. C Transaction ID: 33304738 Aggregate Year-to-Date V 365.00 Date of Receipt Namuer of Each Receipt III's Period Occupation Doctor of Optometry Aggregate Year-to-Date V Receipt For: Free Ipolyeer Occupation Doctor of Optometry Aggregate Year-to-Date V M	American Optometric Association Pol	litical Action Committee				
City State Zip Code Richmond VA 23237-3912 FEC 1D number of contributing C Transaction ID: 33304-384 Amount of Each Receipt INP Period Occupation Date of Each Receipt INP Period Receipt For: Optional Period Aggregate Year-to-Date ▼ Period Full Name (Last, First, Middle Initial) Deteor of Optiometry Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 845 Olympus Drive C Date of Receipt Date of Receipt City State Zip Code Transaction ID: 33304-738 Amount of Each Receipt INP Period Mailing Address 845 Olympus Drive C Date of Receipt Date of Receipt City State Zip Code Transaction ID: 33304-738 Amount of Each Receipt INP Period Sheridan WY 82801-5432 FE Transaction ID: 33304-738 Amount of Each Receipt INP Period Receipt For: Option Occupation Date of Receipt Transaction ID: 33304-738 Receipt For: Aggregate Year-to-Date ▼ Imployed Date of Receipt Imployed Bate of Employed Occupation D						
Richmond VA 23237-3912 Amount of contributing federal political committee. C Amount of Each Receipt this Period Name of Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Date of Receipt Full Name (Last, First, Middle Initial) Dr Brandi N Bilyeu Date of Receipt U 2 0 1 1 City State Zip Code Transaction ID: 33304738 Sheridan WY 82801-5432 Amount of Each Receipt this Period Period Occupation Doctor of Optometry Receipt For: Occupation Occupation Name of Employer Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ 365.00 Full Name (Last, First, Middle Initial) Dr. B. Byan Boozer Date of Receipt M Mailing Address 1602 Wildwood St Sw 13 2 2 0 1 1 City State Zip Code 365.00 Full Name (Last, First, Middle Initial) Dr. B. Byan Boozer Date of Receipt His Period Mailing Address 1602 Wildwood St Sw 50.00 50.00 FeC ID number of contributing federal political committee. C 365.00 50.00	Mailing Address 5730 Turkey Oak Roa	ad				
FEC ID number of contributing federal political committee. C 250.00 Name of Employer Self Employed Doctor of Optometry Doctor of Optometry Doctor of Optometry Receipt For: Primary City Agregate Year-to-Date ▼ Doctor of Optometry Mailing Address 845 Olympus Drive 250.00 City State Zip Code Sheridan WY 82801-5432 FEC ID number of contributing federal political committee. C Name of Employer Doctor of Optometry Aggregate Year-to-Date Sheridan WY Bare of Employer Doctor of Optometry Receipt For: Aggregate Year-to-Date Mailing Address 1602 Wildwood St Sw Date of Receipt City State Zip Code Mailing Address 1602 Wildwood St Sw Date of Receipt City State Zip Code Mailing Address 1602 Wildwood St Sw C City State Zip Code Name of Employer Occupation						
federal political committee. C Self_employed Occupation Beceipt For: Agregate Year-to-Date ✓ Other (specify) C 250.00 Difference Z0.00 Z0.00 Primary General 250.00 Other (specify) C 250.00 Difference Z0.00 Z0.00 Primary General 250.00 Other (specify) C 250.00 Date of Receipt Maling Address 845 Olympus Drive City State Zip Code Sheridan WY 82801-5432 FEC ID number of contributing C Anount of Each Receipt this Period Difference Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date Malling Address 1602 Wildwood St Sw Date of Receipt City State Zip Code Malling Address 1602 Wildwood St Sw Date of Receipt this Period City State Zip Code Malling Address 1602 Wildwood St Sw	Richmond	VA 23237-3912	Amount of Each Receipt this Period			
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) C Full Name (Last, First, Middle Initial) Date of Receipt Difference State Zip Code Maiing Address Sheridan WY State Zip Code Maiing Address 845 Olympus Drive City State Sheridan WY Bell Employed Occupation Dotter (specify) Occupation Date of Receipt this Period Receipt For: Aggregate Year-to-Date Primary General Other (specify) Occupation Date of Receipt Set Enployed Perimary General Other (specify) Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Dr Dr R. Bryan Boozer Aggregate Year-to-Date Maiing Address 1602 Wildwood St Sw City State Zip Code Au 35055-4555 FEC ID number of contributing federal political committee. C Name of Employed		C	250.00			
Receipt For: Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Dr Brandt Nellyeu Dir Brandt Nellyeu Mailing Address 845 Olympus Drive City State Zip Code Sheridan WY 62801-5432 FEC ID number of contributing federal political committee. C Anount of Each Receipt this Period Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date V Mailing Address 1602 Wildwood St Sw Transaction ID: 33304743 Anount of Each Receipt this Period Dr R. Bryan Bozer Aggregate Year-to-Date V 05 1 3 1 2 0 1.1 Transaction ID: 33304743 Anount of Each Receipt this Period 05 1 3 1 2 0 1.1 Transaction ID: 33304743 Anount of Each Receipt this Period 05 1 3 1 2 0 1.1 Transaction ID: 33304743 Anount of Each Receipt this Period 05 1 3 1 2 0 1.1 Transaction ID: 33304743 Anount of Each Receipt this Period 05 0.00 Name of Employer Occupation Doctor of Optometry Aggregate Year-to-Date V 0 5 0.00 Name of Employer Occupation Doctor of Optometry 250.00 0 5 0.00 <th>Name of Employer Self Employed</th> <th></th> <th></th>	Name of Employer Self Employed					
Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Dr Branch N Bilyou Mailing Address 845 Olympus Drive City State Zip Code Sheridan WY 82801-5432 FEC ID number of contributing federal political committee. C 365.00 Name of Employer Occupation Doctor of Optometry 365.00 Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 1602 Wildwood St Sw Date of Receipt City State Zip Code Mailing Address 1602 Wildwood St Sw Date of Receipt City State Zip Code Mailing Address 1602 Wildwood St Sw Date of Receipt City State Zip Code Mailing Address 1602 Wildwood St Sw Doctor of Optometry Receipt For: Aggregate Year-to-Date Mount of Each Receipt this Period Mailing Address 0ccupation Doctor of Optometry Aggregate Year-to-Date Mailing Address 1602 Wildwood St Sw C 50.00 Set Employed	Receipt For:		1			
Dr Brandi N Bilyeu Date of Receipt Mailing Address 845 Olympus Drive City State Zip Code Sheridan WY 82801-5432 FEC ID number of contributing federal political committee. C Transaction ID: 33304738 Amount of Each Receipt this Period Occupation Set Employeer Doctor of Optometry Aggregate Year-to-Date ✓ Full Name (Last, First, Middle Initial) Dr R. Bryan Boozer Date of Receipt Date of Receipt Mailing Address 1602 Wildwood St Sw Date of Receipt Date of Receipt City State Zip Code Transaction ID: 33304743 Amount of Each Receipt for: Aggregate Year-to-Date ✓ Mailing Address 1602 Wildwood St Sw Date of Receipt City State Zip Code Transaction ID: 33304743 Amount of Each Receipt for: Aggregate Year-to-Date ✓ Primary General Occupation Socos-4555 FEC ID number of contributing federal political committee. C Socos-4555 FEC ID number of contributing federal political committee. Aggregate Year-to-Date ✓						
City State Zip Code Sheridan WY 82801-5432 FEC ID number of contributing federal political committee. C Transaction ID: 33304738 Amount of Each Receipt this Period 365.00 Name of Employed Occupation Doctor of Optometry Receipt For: Primary Aggregate Year-to-Date ▼ Other (specify) ▼ 365.00 Full Name (Last, First, Middle Initial) Dr R. Bryan Boozer Date of Receipt Mailing Address 1602 Wildwood St Sw City State Zip Code Mailing Address 1602 Wildwood St Sw City State Zip Code Mailing Address 1602 Wildwood St Sw Transaction ID: 33304743 Amount of Each Receipt this Period 50.00 FEC ID number of contributing federal political committee. C Primary General Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Primary General 250.00 50.00		I	Date of Receipt			
Sheridan WY 22801-5432 Introduction B: Georem FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Image: Self Employed Primary General Other (specify) ▼ Date of Receipt Date of Receipt Full Name (Last, First, Middle Initial) Dr R. Bryan Boozer Date of Receipt Date of Receipt City State Zip Code Transaction ID: 33304743 All 35055-4555 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Transaction ID: 33304743 Amount of Each Receipt this Period 50.00 50.00 Name of Employer Self Employed Occupation Doctor of Optometry Former y Aggregate Year-to-Date ▼ 50.00 50.00	Mailing Address 845 Olympus Drive					
FEC ID number of contributing federal political committee. C 365.00 Name of Employed Occupation Doctor of Optometry 365.00 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Full Name (Last, First, Middle Initial) Dr. R. Bryan Boozer Date of Receipt Date of Receipt City State Zip Code Model Address Cullman AL 35055-4555 Transaction ID: 33304743 FEC ID number of contributing federal political committee. C 50.00 Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Other (specify) ▼ General 0ther (specify) ▼ Aggregate Year-to-Date ▼	City	-	Transaction ID: 33304738			
federal political committee. C 300.00 Name of Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Other (specify) ▼ Date of Receipt 0 5 / 1 3 / 2 0 1 1 City State Zip Code Cullman AL 35055-4555 FEC ID number of contributing federal political committee. Occupation Doctor of Optometry Name of Employed Occupation Doctor of Optometry Receipt For: Occupation Doctor of Optometry Receipt For: Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Occupation Doctor of Dotometry	<u>Sheridan</u>	WY 82801-5432	Amount of Each Receipt this Period			
Self Employed Doctor of Optometry Receipt For: Aggregate Year-to-Date ✓ Other (specify) ✓ 365.00 Full Name (Last, First, Middle Initial) Dr R. Bryan Boozer Date of Receipt Mailing Address 1602 Wildwood St Sw Ø 0 5 City State Zip Code Transaction ID: 33304743 Qullman AL 35055-4555 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation 50.00 Name of Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ✓ Primary General 250.00 50.00		C	365.00			
Primary General Other (specify) ▼ 365.00 Full Name (Last, First, Middle Initial) Dr R. Bryan Boozer Mailing Address 1602 Wildwood St Sw City State Zip Code Cullman AL 35055-4555 FEC ID number of contributing federal political committee. C 50.00 Name of Employer Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ 250.00 Primary General 250.00 665.00	Name of Employer Self Employed					
Other (specify) ▼ 365.00 Full Name (Last, First, Middle Initial) Dr R. Bryan Boozer Mailing Address 1602 Wildwood St Sw City State Zip Code Cullman AL 35055-4555 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Primary General 250.00		Aggregate Year-to-Date V				
Dr R. Bryan Boozer Date of Receipt Mailing Address 1602 Wildwood St Sw City State Zip Code Cullman AL 35055-4555 FEC ID number of contributing federal political committee. C 50.00 Name of Employed Occupation Doctor of Optometry 50.00 Receipt For: Aggregate Year-to-Date ▼ 250.00 Primary General 250.00 665.00		365.00				
Mailing Address 1602 Wildwood St Sw City State Zip Code Cullman AL 35055-4555 FEC ID number of contributing federal political committee. C 50.00 Name of Employer Self Employed Occupation Doctor of Optometry 50.00 Receipt For: Aggregate Year-to-Date ▼ 250.00 Primary General Other (specify) ▼ 250.00		1	Date of Receipt			
Cullman AL 35055-4555 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 50.00 Name of Employer Self Employed Occupation Doctor of Optometry 50.00 Receipt For: Aggregate Year-to-Date ▼ 250.00 Other (specify) ▼ 250.00 665.00	Mailing Address 1602 Wildwood St Sw	I				
FEC ID number of contributing federal political committee. C 50.00 Name of Employer Self Employed Occupation Doctor of Optometry 50.00 Receipt For: Aggregate Year-to-Date ▼ 250.00 Other (specify) ▼ 250.00 665.00	-		Transaction ID: 33304743			
federal political committee. 0 Name of Employer Self Employed 0 Receipt For: Aggregate Year-to-Date Primary General Other (specify) ▼ 250.00	<u>Cullman</u>	AL 35055-4555	Amount of Each Receipt this Period			
Self Employed Doctor of Optometry Receipt For: Aggregate Year-to-Date Primary General Other (specify) 250.00		C	50.00			
Primary General Other (specify) ▼ 250.00	Name of Employer Self Employed					
Other (specify) ▼ 250.00		Aggregate Year-to-Date ▼				
SUBTOTAL of Beceipts This Page (optional) 665.00		250.00				
	SUBTOTAL of Receipts This Page (optional)		665.00			
TOTAL This Period (last page this line number only)		-				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 24 / 69 (check only one)	
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1	
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)				
	American Optometric Association Poli	tical Action	Committee		
	Full Name (Last, First, Middle Initial) Dr Jeffrey David Hill	Date of Receipt			
	Mailing Address 126 Treymoor Drive	05 13 2011			
	City	State	Zip Code	Transaction ID: 33304744	
	Alabaster	AL	35007-3150	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		50.00	
	Name of Employer Self Employed	Occupatio	on of Optometry		
	Receipt For:	1 1	e Year-to-Date V		
	Primary General Aggregate				
	Other (specify) ▼		250.00		
	Full Name (Last, First, Middle Initial) Dr Sarah C Gordon			Date of Receipt	
	Mailing Address 252 Inverness Center	05 / 13 / Y Y Y Y 05 / 13			
	City	State	Zip Code	Transaction ID: 33304745	
	Birmingham	AL	35242-4834	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		50.00	
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry		
	Receipt For:	1 1	e Year-to-Date		
	Primary General Other (specify) ▼	0 0	250.00		
_	Full Name (Last, First, Middle Initial) Dr Brian D Cin			Date of Receipt	
	Mailing Address 17342 Alice Loop	0 5 1 3 2 0 1 1			
	City	State	Zip Code	Transaction ID: 33304747	
	Eagle River	AK	99577-7579	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		50.00	
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry		
	Receipt For:	1 1	e Year-to-Date V		
	Primary General Other (specify) ▼	0 0	250.00]	
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		150.00	
┢	OUT OT THE OF THE OF THE FAYE (OPTIONAL)				
	TOTAL This Period (last page this line number	only)			

SCHEDULI ITEMIZED	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 69 (check only one) 11a X 11a 13 14 15 16 17
Any information of or for commercia	copied from such Reports and s I purposes, other than using th	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	DMMITTEE (In Full) Dptometric Association Pol	litical Action	Committee	
Full Name (La A. Dr Edwin Y En	ast, First, Middle Initial) Ido			Date of Receipt
Mailing Addre	ess 98828 Hiliu Pl			M M / D D Y
City		State	Zip Code	Transaction ID: 33304748
<u>Aiea</u>		HI	96701-2785	Amount of Each Receipt this Period
FEC ID numb federal politica	per of contributing al committee.	C		41.66
Name of Emp Self Employe	oloyer d	Occupatio Doctor o	n f Optometry	_
Receipt For:		Aggregate	Year-to-Date V	
Primary Other (s	General General specify) ▼		208.30]
Full Name (La Dr Scott Phillip	ast, First, Middle Initial) o Feldman	I		Date of Receipt
Mailing Addre	ss 31 Buttermilk Ln			M M / D D / Y
City		State	Zip Code	Transaction ID: 33304795
Scotts Valle	Эў	CA	95066-3605	Amount of Each Receipt this Period
FEC ID numb federal politica	per of contributing al committee.	C		500.00
Name of Emp Self Employe	oloyer d	Occupatio Doctor o	ⁿ f Optometry	
Receipt For:		Aggregate	e Year-to-Date 🔻	
Primary Other (s	g General specify) ▼	0 0	500.00]
Full Name (La Dr Markus I Ba	ast, First, Middle Initial) arth			Date of Receipt
Mailing Addre	ss 1346 Heller Drive			M M / D D / Y Y Y Y Y
City		State	Zip Code	Transaction ID: 33305620
Yardley		PA	19067-2714	Amount of Each Receipt this Period
FEC ID numb federal politica	per of contributing al committee.	C		66.67
Name of Emp Self Employe	oloyer d	Occupatio Doctor o	n f Optometry	
Receipt For:		Aggregate	e Year-to-Date 🔻	
Other (s	g General specify) ▼	0 0	333.35]
SUBTOTAL of	Receipts This Page (optional) .			608.33
	eriod (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 69 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	itical Action	Committee	
۹.	Full Name (Last, First, Middle Initial) Dr Brian J Plattner	Date of Receipt		
	Mailing Address 917 S Market Street	M M / D D / Y Y Y Y 05 14 2011		
	City	State	Zip Code	Transaction ID: 33305625
	Knoxville	IL	61448-1299	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Self Employed	Occupatio Doctor of	ⁿ f Optometry	_
	Receipt For:	1.	e Year-to-Date	
	Primary General Other (specify) ▼	0 0	425.00	
- 3.	Full Name (Last, First, Middle Initial) Dr Thomas Annunziato			Date of Receipt
	Mailing Address 11700 Northview Dr			M M / D D / Y
	City	State	Zip Code	Transaction ID: 33305626
	Aledo	TX	76008-5223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Self Employed	1 1	f Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify)	0 0	416.68	
 :.	Full Name (Last, First, Middle Initial) Dr Greg A Caldwell			Date of Receipt
	Mailing Address 225 Terrace Drive			M M M / D D / Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 33305627
	Lilly	PA	15938-5819	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer Self Employed	1 1	f Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify)		666.68	
Γ	SUBTOTAL of Receipts This Page (optional)			335.00
F	TOTAL This Period (last page this line number		•	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 69 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 1						
Any information copied from such Reports a or for commercial purposes, other than using	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) American Optometric Association	Political Action Committee							
Full Name (Last, First, Middle Initial) Dr Louis J Phillips								
Mailing Address 1274 Morrow Rd								
City	State Zip Code	Transaction ID: 33305629						
Pittsburgh	PA 15241-3502	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	150.00						
Name of Employer Self Employed	Occupation Doctor of Optometry							
Receipt For:	Aggregate Year-to-Date ▼	1						
Primary General Other (specify) ▼	450.00							
Full Name (Last, First, Middle Initial) Dr James Joseph Barney		Date of Receipt						
Mailing Address P O Box 680		M M / D D / Y Y Y Y 05 15 2011						
City	State Zip Code	Transaction ID: 33305639						
Livingston	MT 59047-0680	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	300.00						
Name of Employer Self Employed	Occupation Doctor of Optometry							
Receipt For:	Aggregate Year-to-Date 🔻							
Other (specify) ▼	300.00							
Full Name (Last, First, Middle Initial) Dr Brad Alan Kimball		Date of Receipt						
Mailing Address 5919 Sandalwood	Drive	M M / D D / Y						
City	State Zip Code	Transaction ID: 33305640						
Billings	MT 59106-9537	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	125.00						
Name of Employer Self Employed	Occupation Doctor of Optometry]						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00							
SUBTOTAL of Receipts This Page (optional	al)	575.00						
	al)	575.00						

SCHEDULE A (FEC Forn ITEMIZED RECEIPTS	n 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 69 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Repo or for commercial purposes, other than	brts and Statements may not be sold or used by any pers using the name and address of any political committee to	on for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)	tion Political Action Committee					
Full Name (Last, First, Middle Initial) Dr Scott L Nehring	1	Date of Receipt				
Mailing Address 32840 S Merid						
City	State Zip Code	Transaction ID: 33305641				
Woodburn FEC ID number of contributing	OR 97071-8768	Amount of Each Receipt this Period				
federal political committee.		42.00				
Name of Employer Self Employed	Occupation Doctor of Optometry					
Receipt For:	Aggregate Year-to-Date V	-				
Primary General Other (specify) ▼	210.00					
Full Name (Last, First, Middle Initial) Dr Alan G Peaslee		Date of Receipt				
Mailing Address 4552 Tillman E	Mailing Address 4552 Tillman Bluff Road					
City	State Zip Code	Transaction ID: 33305642				
Valdosta	GA 31602-0851	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	85.00				
Name of Employer Self Employed	Occupation Doctor of Optometry	_				
Receipt For:	Aggregate Year-to-Date ▼	-				
Primary General Other (specify) ▼	425.00]				
Full Name (Last, First, Middle Initial) Dr Linda M Chous		Date of Receipt				
Mailing Address 1295 W Royal	Oaks Drive	05 15 2011				
City	State Zip Code	Transaction ID: 33305643				
Shoreview	MN 55126-8478	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		90.91				
Name of Employer Self Employed	Occupation Doctor of Optometry					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	363.64]				
SUBTOTAL of Receipts This Page (a	otional)	217.91				
	e number only)					

SCHEDULE A (FEC Form 3)		FOR LINE NUMBER: PAGE 29 / 69 (check only one)			
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $			
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may not be sold or used by any persor g the name and address of any political committee to s	n for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) American Optometric Association	Political Action Committee				
Full Name (Last, First, Middle Initial)					
A. Dr Larry Donavon Morrison	Dr Larry Donavon Morrison				
Mailing Address Route 1 Box 235					
City	State Zip Code	Transaction ID: 33305644			
Mahnomen	MN 56589	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	125.00			
Name of Employer Self Employed	Occupation Doctor of Optometry				
Receipt For:	Aggregate Year-to-Date ▼				
Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) Dr Victoria Ann Blower		Date of Receipt			
Mailing Address 2301 Loussac Dr		05 / 15 / Y Y Y Y 011 / 2011			
City	State Zip Code	Transaction ID: 33305655			
Anchorage	AK 99517-1230	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	85.00			
Name of Employer Self Employed	Occupation Doctor of Optometry				
Receipt For:	Aggregate Year-to-Date ▼	_			
Other (specify) ▼	425.00				
Full Name (Last, First, Middle Initial) Dr Vincent W Brandys, Jr	1	Date of Receipt			
Mailing Address 998 Ascot Drive		0 5 / D D / Y Y Y Y 0 5 / 1 5 / 2 0 1 1			
City	State Zip Code	Transaction ID: 33305658			
Elgin	IL 60123-6761	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	167.00			
Name of Employer Self Employed	Occupation Doctor of Optometry				
Receipt For:	Aggregate Year-to-Date 🔻				
Other (specify) ▼	835.00				
SUBTOTAL of Receipts This Page (option	al)	377.00			
	nber only)				

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 30 / 69
	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
I			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Poli	itical Action	Committee	
A.	Full Name (Last, First, Middle Initial) Dr Jennifer E Davis	Date of Receipt		
	Mailing Address 16 Pambrook Dr			M M / D D / Y
	City	State	Zip Code	Transaction ID: 33305660
	Fishersville	VA	22939-2123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	_
	Receipt For:	1 1	e Year-to-Date V	-
	Primary General		213.00	1
	Other (specify)	0 0	213.00	
в.	Full Name (Last, First, Middle Initial) Dr Thomas W Hobbs			Date of Receipt
	Mailing Address 13 Ne 550 Rd			05 / ^D ^D ^D ^D ^Y
	City State		Zip Code	Transaction ID: 33305676
	Warrensburg	MO	64093-7473	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupatio		
	· ·	4 • • • • • • • • • • • • • • • • • • •	f Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) v	0 0	250.00	
- C.	Full Name (Last, First, Middle Initial) Dr Freddie M Mayes	1		Date of Receipt
	Mailing Address 117 Magnolia Drive			M M / D D / Y Y Y Y 05 17 2011
	City	State	Zip Code	Transaction ID: 33330718
	Central City	KY	42330-1727	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupatio Doctor of	ⁿ f Optometry	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼	0 0	250.00]
ſ	SUBTOTAL of Receipts This Page (optional)	I		141.00
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	TOTAL This Period (last page this line number	only)		

		CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 31 / 69 (check only one)
of to commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME CF COMMITTEE (in Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt City State Zip Code City State City State Piti Damber of contributing rederal political committee. C Panager Finally Concupation Date of Receipt Aggregate Year-to-Date ▼ Point Primary General 1945.48 City State Zip Code Maling Address 1199 E Morgan Transaction ID: 3330719 Aggregate Year-to-Date V 10 1 7 / 201.1 Transaction ID: 3330728 Transaction ID: 3330728 Full Name (Last, First, Middle Initial) Date of Receipt Dift General Committee C 10 1 7 / 201.1 Transaction ID: 3330728 Transaction ID: 3330728 Receipt For: Optor of Optometry Date of Receipt Maling Address 13713 Vic Road Ne 10 1 7 / 201.1 Transaction ID: 3330728	-			Detailed Summary Page	
American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Drivenite L Plantz City State State City Name of Contributing C City Aggregate Vear-to-Date Parame of Employee Doccupation Doctor of Optometry Aggregate Vear-to-Date City State Zip Code Maing Address 1199 E Morgan City State Zip Code Maing Address 13330722 Amount of Each Receipt Ins Aggregate Vear-to-Date Park and Exployee Aggregate Vear-to-Date Instate Sonon State Zi		Any information copied from such Reports and S	on for the purpose of soliciting contributions oslicit contributions from such committee.		
✓ Full Name (Last, First, Middle Initial) Dr.Jenniter L. Planiz Date of Receipt Mailing Address 3537 New Castle Dr Se City State Zip Code Ric Rancho NM 87124:3672 FEC ID number of contributing tederal political committee. C 436.37 Mailing Address 1945.48 Date of Receipt Primary General Occupation Dr. Leenna Barret Mailing Address 1199 E Morgan Mailing Address 1199 E Morgan Date of Receipt Mailing Address 1199 E Morgan Date of Receipt City State Zip Code Mailing Address 1199 E Morgan Date of Receipt Mailing Address 1199 E Morgan C City State Zip Code Mescur Optimetric Assochation Doccupation Date of Receipt Missoir Optimetric Assochation C State Zip Code Name of Employer Occupation Date of Receipt State Dirt reporting General Dirt reporting State Zip Code Nume of Lash Recei					
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Receipt For: Aggregate Year-to-Date Primary General Other (specify) ▼ 250.00 SUBTOTAL of Receipts This Page (optional) 536.37		Name of Employer Self Employed			
Other (specify) ▼ 250.00 SUBTOTAL of Receipts This Page (optional) 536.37			Aggregate	e Year-to-Date 🔻	
			0 0	250.00	
	Γ	SUBTOTAL of Receipts This Page (ontional)	1		536.37
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	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 69 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	American Optometric Association Poli	tical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Rose Marie Betz		Date of Receipt
	Mailing Address 7300 N Bluff Drive		05 / 11 / Y Y Y Y 05 / 11
	City	State Zip Code	Transaction ID: 33334875
	Tuscaloosa FEC ID number of contributing federal political committee.	AL 35406-2608	Amount of Each Receipt this Period
	Name of Employer	Occupation	
	Self Employed	Doctor of Optometry	4
	Receipt For: Primary General Other (specify) \blacksquare	Aggregate Year-to-Date ▼ 500.00	
- В.	Full Name (Last, First, Middle Initial) Dr Samuel C Giveen		Date of Receipt
	Mailing Address 115 New Aldrich Rd		M M / D D / Y Y Y Y 05 17 2011
	City	State Zip Code	Transaction ID: 33347582
	Grantham	NH 03753-3154	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		300.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	350.00	
– C.	Full Name (Last, First, Middle Initial) Dr Debra A Meese		Date of Receipt
	Mailing Address 169 Wilder Lane		M M / D D / Y Y Y Y 05 17 2011
	City	State Zip Code	Transaction ID: 33347617
	New London FEC ID number of contributing	NH 03257-5978	Amount of Each Receipt this Period 365.00
	federal political committee.		
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	
ſ	SUBTOTAL of Receipts This Page (optional)	·	765.00
F	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 69 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 1	
Any information copied from such Report or for commercial purposes, other than us	Any information copied from such Reports and Statements may not be sold or used by any person f or for commercial purposes, other than using the name and address of any political committee to so NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee		
Full Name (Last, First, Middle Initial) Dr Harue Jean Marsden			
Mailing Address 1445 Prospect Avenue Unit D		05 18 Y Y Y Y 05 18 2011	
City	State Zip Code	Transaction ID: 33347626	
Placentia FEC ID number of contributing federal political committee.	CA 92870-3816	Amount of Each Receipt this Period 83.34	
Name of Employer Self Employed	Occupation Doctor of Optometry	_	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70]	
Full Name (Last, First, Middle Initial) Dr Kent Hillery Mailing Address 16448 Country Club Drive		Date of Receipt	
City	State Zip Code	0 5 1 8 2 0 1 1 Transaction ID: 33347627	
Peosta	IA 52068-9710	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	50.00	
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]	
Full Name (Last, First, Middle Initial) Dr Randall Hoch		Date of Receipt	
Mailing Address 206 Fox Farm Rd		05 18 2011	
City	State Zip Code	Transaction ID: 33349091	
Lewistown FEC ID number of contributing federal political committee.	MT 59457-8696	Amount of Each Receipt this Period	
Name of Employer Self Employed	Occupation Doctor of Optometry	_	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (opt	ional)	383.34	
	ional)		

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 34 / 69 (check only one)
•		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Γ	NAME OF COMMITTEE (In Full)		
	American Optometric Association Pol	itical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr Mark R Stanchfield		Date of Receipt
	Mailing Address 720 4Th St Se		05 / D D / Y Y Y Y 05 / 18 / 2011
	City	State Zip Code	Transaction ID: 33349093
	Cut Bank	MT 59427-3511	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	375.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	375.00	
– B.	Full Name (Last, First, Middle Initial) Dr Ronald Lee Hopping	I	Date of Receipt
	Mailing Address 1801 Creekside Dr		05 19 2011
	City	State Zip Code	Transaction ID: 33350238
	Friendswood	TX 77546-7821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	181.82
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	909.10	
- C.	Full Name (Last, First, Middle Initial) Dr Desiree Tyer Hopping		Date of Receipt
	Mailing Address 1801 Creekside Dr		M M / D D / Y Y Y Y 05 19 2011
	City	State Zip Code	Transaction ID: 33350239
	Friendswood	TX 77546-7821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	181.82
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	909.10	
Γ	SUBTOTAL of Receipts This Page (optional)		738.64
╞	TOTAL This Period (last page this line number	-	
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	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 69 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any person ne name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Pc	plitical Action Committee	
⊻ 4.	Full Name (Last, First, Middle Initial) Dr Scott M Burks		Date of Receipt
	Mailing Address P O Box 1351		05 / D D / Y Y Y Y 05 19 2011
	City	State Zip Code	Transaction ID: 33350240
	Buffalo	MO 65622-1351	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	500.00	
- 8.	Full Name (Last, First, Middle Initial) Dr Scott M Pearl		Date of Receipt
	Mailing Address 2245 Nw 142Nd Way	/	05 / D D / Y Y Y Y 05 19 2011
	City	State Zip Code	Transaction ID: 33350242
	Pembroke Pines	FL 33028-2862	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.67
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	208.35	
_	Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson		Date of Receipt
	Mailing Address 9940 S Ashleigh Way		05 19 2011
	City	State Zip Code	Transaction ID: 33350243
	Highlands Ranch	CO 80126-4244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	166.94
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 831.40	
Γ		-	308.61

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 69 (check only one) X X 11a 11b 11c 12 13 14 15 16 1
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso a name and address of any political committee to	n for the purpose of soliciting contributions
	American Optometric Association Pol	itical Action Committee	
	Full Name (Last, First, Middle Initial) Dr Susan M Brunnett		Date of Receipt
	Mailing Address 9940 S Ashleigh Way		M M / D D / Y Y Y Y 05 19 2011
	City	State Zip Code	Transaction ID: 33350244
	Highlands Ranch	CO 80126-4244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.47
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	-1
	Other (specify)	415.71]
	Full Name (Last, First, Middle Initial) Dr Dorothy L Hitchmoth	1	Date of Receipt
	Mailing Address Po Box 302 106 Davis Hill Road		M M / D D / Y Y Y Y 05 / 16 / 2011
	City	State Zip Code	Transaction ID: 33350249
	New London	NH 03257-0302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	166.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Other (specify)	996.00]
	Full Name (Last, First, Middle Initial) Dr Russell T Simmons	1	Date of Receipt
	Mailing Address 2925 Hot Springs Highway		M M / D D / Y Y Y Y 05 16 2011
	City	State Zip Code	Transaction ID: 33350251
	Benton	AR 72019-1894	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	500.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1	749.47

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 69 (check only one) (check 112 X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usir	and Statements may not be sold or used by any person of the name and address of any political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Association		
Full Name (Last, First, Middle Initial) Dr Douglas Don Creger		Date of Receipt
Mailing Address 230 Vista Dr		05 / ^D ^D ^D ^Y ^Y ^Y ^Y ^Y ^Y
City	State Zip Code	Transaction ID: 33350994
Dillon	MT 59725-3111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Dr William E Thomas		Date of Receipt
Mailing Address 3371 Rodeo Rd		0 5 / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1
City	State Zip Code	Transaction ID: 33350996
Missoula	MT 59803-9651	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr Nathaniel Roland		Date of Receipt
Mailing Address 10001 Admiral En	nerson Ave Ne	0 5 / D D / Y Y Y Y 0 5 / 1 8 2 0 1 1
City	State Zip Code	Transaction ID: 33350997
Albuquerque	NM 87111-1339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry]
Receipt For: Primary General	Aggregate Year-to-Date ▼ 500.00	
Other (specify) 🔻		
SUBTOTAL of Receipts This Page (option	nal)	1115.00
TOTAL This Period (last page this line nu	mber only)	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 69 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
or fo	information copied from such Reports and Si r commercial purposes, other than using the IAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	American Optometric Association Polit	itical Action (Committee	
	ull Name (Last, First, Middle Initial) Dr Sandra J Sheppard			Date of Receipt
	Aailing Address 3825 Mount Avenue			05 / 18 / Y Y Y Y 015 / 18 / 2011
	Sity	State	Zip Code	Transaction ID: 33350999
<u>N</u>	Aissoula	MT	59804-4606	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		1000.00
NS	lame of Employer Self Employed	Occupation Doctor of	n f Optometry	
F	Receipt For:	Aggregate	Year-to-Date	
	Primary General Other (specify) ▼	0 0	1000.00	
	ull Name (Last, First, Middle Initial) Dr Kevin W Mc Bride			Date of Receipt
N	lailing Address 2940 Rimrock Rd			M M / D D / Y
	Sity	State	Zip Code	Transaction ID: 33351001
_	Billings	MT	59102-0502	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		500.00
NS	lame of Employer Self Employed	Occupation Doctor of	n f Optometry	
F	Receipt For:	Aggregate	Year-to-Date	
	Other (specify) ▼	0 0	500.00	
	ull Name (Last, First, Middle Initial) Pr Kevin L Alexander			Date of Receipt
N	Aailing Address 2116 Wildwood Court			05 / 20 / Y Y Y Y 011
	Dity	State	Zip Code	Transaction ID: 33351036
-		CA	92831-1339	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		50.00
-	lame of Employer Self Employed	1	Optometry	
F	Receipt For:	Aggregate	Year-to-Date V	_
	Other (specify) ▼		250.00	
SUI	BTOTAL of Receipts This Page (optional)	I		1550.00
	TAL This Period (last page this line number of			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 69 (check only one)
	ITEMIZED RECEIPTS	for each category of the	\overline{X} 11a $\overline{11b}$ 11c $\overline{12}$
		Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	American Optometric Association Poli	tical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Curtis L Dix		Date of Receipt
	Mailing Address 501 E. Ridgeview		05 / 20 / Y Y Y Y 05 / 20 / 2011
	City	State Zip Code	Transaction ID: 33351038
	Culver	OR 97734-9712	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	-
	Receipt For:		-1
	Primary General	Aggregate Year-to-Date	
	Other (specify)	250.00	
- В.	Full Name (Last, First, Middle Initial) Dr Jeffrey K Smith		Date of Receipt
	Mailing Address 145 Unity Lane		05 19 2011
	City	State Zip Code	Transaction ID: 33352223
	Crossett	AR 71635-9175	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	-
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	750.00	
-	Full Name (Last, First, Middle Initial)		Data of Descript
C.	Dr Michael E Bennett Mailing Address 4940 Victoria Place		Date of Receipt
	City	State Zip Code	Transaction ID: 33354450
	Guthrie	OK 73044-8668	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	166.67
	Name of Employer Self Employed	Occupation Doctor of Optometry	_
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	833.35	
[SUBTOTAL of Receipts This Page (optional)	۱	541.67
	TOTAL This Period (last page this line number	-	
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	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 69 (check only one) 11a X 11a
A C	ny information copied from such Reports and S r for commercial purposes, other than using the	statements may not be sold or used by any person name and address of any political committee to	13 14 15 16 1 on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	tical Action Committee	
. Z	Full Name (Last, First, Middle Initial) Dr David S Hays		Date of Receipt
	Mailing Address 8720 52Nd St Ct W		05 / 21 / Y Y Y Y 2011
	City	State Zip Code	Transaction ID: 33354453
	University PI FEC ID number of contributing federal political committee.	WA 98467-1758	Amount of Each Receipt this Period 84.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 420.00]
	Full Name (Last, First, Middle Initial) Dr Thomas L Lim Mailing Address 1136 Thorntree Court		Date of Receipt
	City	State Zip Code	05 21 2011
	San Jose	CA 95120-1740	Transaction ID: 33354454 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.67
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date ▼ 208.35]
	Full Name (Last, First, Middle Initial) Dr Patrick A Lenane		Date of Receipt
	Mailing Address 2721 N 13Th Street		05 21 Y Y Y Y 05 21 2011
	City	State Zip Code	Transaction ID: 33354456
	Fort Dodge FEC ID number of contributing federal political committee.	IA 50501-7210	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
		1	

•••	EMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 12 12 14 15 15
An	y information copied from such Reports and for commercial purposes, other than using t	d Statements may not be sold or used by any perso the name and address of any political committee to	13 14 15 16 on for the purpose of soliciting contributions solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association P	olitical Action Committee	
	Full Name (Last, First, Middle Initial) Dr Donald W Furman		Date of Receipt
	Mailing Address 855 11Th St Place		05 21 YYYY 2011
	City	State Zip Code	Transaction ID: 33354457
	Garner	IA 50438-1847	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	84.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	420.00]
	Full Name (Last, First, Middle Initial) Dr Erica A Burton		Date of Receipt
	Mailing Address 578 E Hwy T		M M / D D / Y Y Y Y 05 22 2011
	City	State Zip Code	Transaction ID: 33354465
	Lamar	MO 64759-8209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date 🔻	_
	Primary General Other (specify) ▼	250.00]
	Full Name (Last, First, Middle Initial) Dr Michael D Conklin		Date of Receipt
	Mailing Address 9067 Bordeaux Way	,	M · M / D · D / Y · Y · Y · Y Y 0 5 2 2 2 0 1 1
	City	State Zip Code	Transaction ID: 33354472
	Sandy	UT 84093-2216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
	IRTOTAL of Receipts This Page (optional))	234.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 69 (check only one) 11a X 11a 11b I3 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions
American Optometric Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr David K Talley		Date of Receipt
Mailing Address 1698 Brookside Dr	ive	0 5 2 2 2 2 1 1
City	State Zip Code	Transaction ID: 33354475
Germantown	TN 38138-2531	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date V	
Primary General Other (specify) ▼	255.00	
Full Name (Last, First, Middle Initial) Dr Kathleen E Goff		Date of Receipt
Mailing Address 114 Crested Peak		05 / 23 / Y Y Y 2011
City	State Zip Code	Transaction ID: 33354478
Santa Teresa	NM 88008-9423	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		86.36
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date	
Other (specify) ▼	431.80	
Full Name (Last, First, Middle Initial) Dr Larry D Gunnell		Date of Receipt
Mailing Address #7 Brenna Dr		M M / D D Y
City	State Zip Code	Transaction ID: 33354479
Wichita Falls	TX 76302-2506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	416.65	
SUBTOTAL of Receipts This Page (option	al)	254.69
TOTAL This Period (last page this line nun	nber only)	

Ary Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Optiometric Association Political Action Committee Pull Name (Last, First, Middle Initial) Dr. despit Jordan. J* Mailing Address 224 Laconia Rd City State Zip Code Tition NH Melling Address 224 Laconia Rd Other (approprint Occupation Beacipt Foc: Occupation Difficultary Comparison Mailing Address 659 Spyglass Summit Drive City State Zip Code Mailing Address 659 Spyglass Summit Drive 0 City State Zip Code Mailing Address 35017:2142 Transaction ID: 3335/4483 Amount of Each Receipt the Period Cocupation 0 Dribery J Bareial Date of Receipt 23 / 2011 Transaction ID: 3335/4483 Amount of Each Receipt the Period 166.67 City State Zip Code Transaction ID: 33354483 Mailing Address		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each cat	te schedule(s) egory of the mmary Page	FOR LINE NUMBER: PAGE 43 / 69 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Mailing Address 224 Laconia Rd City State Zip Code Titlon NH 03275-5223 FEC ID number of contributing federal political committee C 166.67 Maing Address Cocupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Init Period Parry Usarreai Mode Initial) Mode S33.35 Date of Receipt Init Period Barry Usarreai Maling Address 659 Spyglass Summit Drive State Zip Code Chasterfield MO 633.17:2142 Ftect to number of contributing federal political committee Date of Receipt Init Period FEC ID number of contributing federal political committee C Init Period Init Period Receipt For: Occupation Doctor of Optometry Aggregate Year-to-Date V Init Period Phase of Employee Occupation Doctor of Optometry Aggregate Year-to-Date V Init Period Phase of Encloyee Occupation Bast of Receipt Init Period Init Period State Zip Code Init Peri		Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or name and address of any pol	used by any persor litical committee to s	n for the purpose of soliciting contributions
A. Dr.Joseph J.Jordan, Jr.' Date of Receipt Mailing Address 224 Laconia Rd 0.5 2.0.1,1 City State Zip Code Titlon NH 03276-5223 Transaction ID: 33354480 FEC ID number of contributing C Anount of Each Receipt this Period Receipt For: Aggregate Year-to-Date ▼ 166.67 Mailing Address 659 Spyglass Summit Drive 833.35 Other (specify) ▼ State Zip Code Mailing Address 659 Spyglass Summit Drive 0.5 2.0.1,1 City State Zip Code 0.5 2.0.1,1 Transaction ID: 33354483 Anount of Each Receipt this Period 166.67 Mailing Address 659 Spyglass Summit Drive 0.5 2.0.1,1 City State Zip Code 166.67 Mailing Address 3700 Essex Road 0.5 2.0.1,1 City State Zip Code 0.5 2.0.1,1 City State Zip Code 0.5 2.0.1,1 Mailing Address 3700 Essex Road 0.5 2.0.1,1 Transaction ID: 3			tical Action Committee		
City State Zp Code Tilton NH 03276-5223 FEC ID number of contributing C Transaction ID: 33554480 Anount of Each Receipt this Period 166.67 See Employed Occupation Perceipt For: Other (specify) ◆ City State Zp Code Maing Address 659 Spyglass Summit Drive 05 City State Zp Code Name of Employer Occupation 0 Perceipt For: Other (specify) ◆ Date of Receipt City State Zp Code Maing Address 659 Spyglass Summit Drive 0 City State Zp Code Maing Address 3700 Essex Road 166.67 Maing Address 3700 Essex Road 0 0 City State Zp Code 0 166.67 Maing Address 3700 Essex Road 0 0 166.67 Maing Address 3700 Essex Road 0 0 150.00 City State Zp Code 0 0 160.67	⊻ A.				Date of Receipt
Tilton NH 03276-5223 Amount of Each Receipt this Period FEC ID number of contributing federal policial committee C 186.67 Name of Employer Beceipt For: Other (specify) ♥ Occupation Doctor of Optometry 186.67 Amount of Each Receipt this Period 0 and the second of the		Mailing Address 224 Laconia Rd			
FEC ID number of contributing federal political committee. C 166.67 Name of Employer Bell Employed Occupation Doctor of Optometry Aggregate Year-to-Date Image: committee intervention of the second		-			
tederal political committee. Image: comparison of Optiometry Name of Employeer Doccoupation Betterminological Doccoupation Betterminological Doccoupation Betterminological Aggregate Year-to-Date ▼ Betterminological Bast of Receipt Christian Bast of Receipt Dor Barry J Barresi Date of Receipt Mailing Address 659 Spyglass Summit Drive Chy State Chesterfield MO Mode 63017-2142 FEC ID number of contributing C federal political committee. C Name of Employeer Doccor of Optometry Aggregate Year-to-Date Transaction ID: 33354483 Amount of Each Receipt For: 166.67 Primary General Occupation Dr Martin (Last, First, Middle Initial) Doctor of Optometry Aggregate Year-to-Date Modes Mailing Address 3700 Essex Road Cheverine WY 8201-1641 Mailing Address 3700 Essex Road Cheverine WY 82001-1641 Mare			NH 03276-52	23	Amount of Each Receipt this Period
Self Employed Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Bailing Address 659 Spyglass Summit Drive City State Zip Code Chesterfield MO 63017-2142 FEC ID number of contributing federal political committee. C 166.67 Name of Employer Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date Image of Employer Octor of Optometry B33.35 Date of Receipt Mailing Address 3700 Essex Road Image of Enceipt Image City State Zip Code Image of Enceipt Image Mailing Address 3700 Essex Road Image of Optometry Aggregate Year-to-Date Image of Enceipt Image Image of Enceipt Image Mailing Address 3700 Essex Road Image of Enceipt Image Image of Enceipt Image City State Zip Code Image of Enceipt Image			C		166.67
Receipt For: Aggregate Year-to-Date Aggregate Year-to-Date Buil Name (Last, First, Middle Initial) Date of Receipt Dr Barry J Barresi Mailing Address 659 Spyglass Summit Drive City State Zip Code Chesterfield MO 63017-2142 FEC ID number of contributing C Aggregate Year-to-Date Name of Employer Occupation Dotor of Optometry Receipt For: Aggregate Year-to-Date Mailing Address Primary General Other (specify) ▼ Date of Receipt C. FC ID number of contributing C If the first is a contributing C. Full Name (Last, First, Middle Initial) Date of Receipt Date of Receipt Mailing Address 3700 Essex Road Mailing Address 3700 Essex Road City State Zip Code Mount of Each Receipt this Period FEC ID number of contributing C Mount of Each Receipt this Period If 50.00 FEC ID number of contributing C Mount of Each Receipt this Period If 50.00 Suber of Contributing C Mount of Each Receipt this Period If 50.00		Name of Employer Self Employed			
Primary General Other (specify) ▼ 833.35 Full Name (Last, First, Middle Initial) Date of Receipt Date of Receipt 0.5 General Maiing Address 650 Spyglass Summit Drive 0.5 City State Zip Code City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period FEC ID number of contributing Occupation Doctor of Optometry Bagregate Year-to-Date Image of Encloyer Aggregate Year-to-Date D Dr. Martin H Carroll Date of Receipt Image of Encloyer City State Zip Code Image of Encloyer Receipt For: Aggregate Year-to-Date Image of Encloyer Image of Encloyer City State Zip Code Image of Encloyer Image of Encloyer Receipt For: Aggregate Year-to-Date Image of Encloyer Image of		Receipt For:	1	▼	1
3. Dr Barry J Barresi Mailing Address 659 Spyglass Summit Drive City State Zip Code Chesterfield MO 63017:2142 FEC ID number of contributing rederal political committee. C 166.67 Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Occupation Doctor of Optometry Date of Receipt Aggregate Year-to-Date ▼ Date of Receipt 166.67 C. Drivary General Other (specify) ▼ Date of Receipt 166.67 City General Other (specify) ▼ Date of Receipt 166.67 City State Zip Code ▼ 166.7 City State Zip Code 05 2.0 1.1 City State Zip Code 150.00 150.00 150.00 Name of Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 150.00 150.00 150.00 Name of Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 150.00 150.00 150.00 <t< td=""><td></td><td></td><td></td><td>- i - i - i - i</td><td></td></t<>				- i - i - i - i	
City State Zip Code Chesterfield MO 63017-2142 FEC ID number of contributing federal political committee. C Transaction ID: 33354483 Amount of Each Receipt this Period 166.67 Name of Employer Self Employed Occupation Doctor of Optometry 166.67 Name of Employer Self Employed Occupation Doctor of Optometry 166.67 Receipt For: Aggregate Year-to-Date ▼ 0 Dr Martin H Carroll Date of Receipt 0 Mailing Address 3700 Essex Road Transaction ID: 33354484 Amount of Each Receipt this Period City State Zip Code 150.00 Mailing Address 3700 Essex Road C 150.00 150.00 FEC ID number of contributing federal political committee. C 150.00 150.00 Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 150.00 Name of Exployer Self Employed Aggregate Year-to-Date ▼ 483.34	– В.	· · · · · · · · · · · · · · · · · · ·			Date of Receipt
Chesterfield MO 63017-2142 Information FEC ID number of contributing rederal political committee. C 166.67 Name of Employed Occupation Doctor of Optometry 166.67 Receipt For: Primary General Other (specify) ♥ Aggregate Year-to-Date ♥ Full Name (Last, First, Middle Initial) Dr Martin H Carroli Date of Receipt Mailing Address 3700 Essex Road Date of Receipt for: 150.00 City State Zip Code WY 82001-1641 Transaction ID: 33354484 Amount of Each Receipt this Period 150.00 150.00 Self Employed Occupation Doctor of Optometry 483.34 Subbrott For: Primary General Other (specify) ♥ 600.00 483.34		Mailing Address 659 Spyglass Summit			
FEC ID number of contributing federal political committee. C 166.67 Name of Employed Self Employed Occupation Doctor of Optometry 166.67 Receipt For: Primary Other (specify) ♥ Aggregate Year-to-Date ♥ Image: Control of Optometry Mailing Address 3700 Essex Road Image: Control of Optometry C: Full Name (Last, First, Middle Initial) Dr Martin H Carroli Date of Receipt Mailing Address 3700 Essex Road Image: Control of Optometry City State Zip Code Chevenne WY 82001-1641 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Doctor of Optometry Aggregate Year-to-Date ♥ Name of Employer Occupation Doctor of Optometry Aggregate Year-to-Date ♥ Mailing Address This Page (optional) 600.00		City	State Zip Code		Transaction ID: 33354483
federal political committee. Image of Employer Name of Employer Occupation Self Employed Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 833.35 C. Full Name (Last, First, Middle Initial) Dr Martin H Carroll Date of Receipt Mailing Address 3700 Essex Road Image of Employer City State Zip Code Chevenne WY 82001-1641 FEC ID number of contributing C 150.00 Name of Employer Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ 150.00 Name of Employer Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ 483.34 SUBTOTAL of Receipts This Page (optional) 483.34		Chesterfield	MO 63017-214	42	Amount of Each Receipt this Period
Self Employéd * Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 833.35 C. Full Name (Last, First, Middle Initial) Dr Martin H Carroll Date of Receipt Mailing Address 3700 Essex Road 0 5 2 3 1 2 0 1 1 City State Zip Code VY 82001-1641 FEC ID number of contributing federal political committee. C Name of Employer Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Occupation Boctor of Optometry Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ SUBTOTAL of Receipts This Page (optional) 483.34			C		166.67
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 833.35 Full Name (Last, First, Middle Initial) Date of Receipt Dr Martin H Carroll Date of Receipt Mailing Address 3700 Essex Road City State Zip Code VY 82001-1641 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ SUBTOTAL of Receipts This Page (optional) 483.34		Name of Employer Self Employed			
Other (specify) ▼ 833.35 Full Name (Last, First, Middle Initial) Dr Martin H Carroll Mailing Address 3700 Essex Road Date of Receipt City State Zip Code City State Zip Code Cheyenne WY 82001-1641 FEC ID number of contributing tederal political committee. C 150.00 Name of Employer Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ 150.00 SUBTOTAL of Receipts This Page (optional) 483.34		Receipt For:	1	▼	-
C. Dr Martin H Carroll Date of Receipt Mailing Address 3700 Essex Road 0 5 2 3 2 0 1 1 City State Zip Code Transaction ID: 33354484 Cheyenne WY 82001-1641 Transaction ID: 33354484 FEC ID number of contributing federal political committee. C 150.00 Name of Employer Occupation 150.00 Self Employed Occupation 600.00 Primary General 600.00 Other (specify) 483.34				833.35	
City State Zip Code Cheyenne WY 82001-1641 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Self Employed Occupation Doctor of Optometry 150.00 Receipt For: Aggregate Year-to-Date ▼ 600.00 Other (specify) ▼ General 600.00	_ C.				Date of Receipt
Cheyenne WY 82001-1641 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 150.00 Name of Employer Self Employed Occupation Doctor of Optometry 150.00 Receipt For: Aggregate Year-to-Date ▼ 600.00 Other (specify) ▼ 600.00 483.34		Mailing Address 3700 Essex Road			
FEC ID number of contributing federal political committee. C 150.00 Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 600.00 483.34 SUBTOTAL of Receipts This Page (optional) 483.34		-			
federal political committee. Image: Committee. Image: Committee. Image: Committee. Name of Employer Self Employed Occupation Doctor of Optometry Image: Committee. Image: Committee. Receipt For: Primary General Image: Committee. Image: Committee. Image: Committee. Other (specify) Image: Committee. Image: Committee. Image: Committee. Image: Committee. SUBTOTAL of Receipts This Page (optional) Image: Committee. Image: Committee. Image: Committee.			WY 82001-164	41	Amount of Each Receipt this Period
Self Employed Doctor of Optometry Receipt For: Aggregate Year-to-Date Primary General Other (specify) ▼ 600.00 SUBTOTAL of Receipts This Page (optional) 483.34			C		150.00
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 600.00 SUBTOTAL of Receipts This Page (optional) 483.34		Name of Employer Self Employed]
Other (specify) ▼ 600.00 SUBTOTAL of Receipts This Page (optional) 483.34			Aggregate Year-to-Date	▼	_
				600.00	
	Γ	SUBTOTAL of Receipts This Page (optional)	I		483.34
TOTAL This Period (last page this line number only)				· · ·	

Ċ	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 44 / 69
· · · ·			Use separate schedule(s) for each category of the	(check only one)
1	TEMIZED RECEIPTS		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee	13 14 15 16 17 son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Pol	litical Action	Committee	
	Full Name (Last, First, Middle Initial) Dr Cheryl T Stoker			Date of Receipt
	Mailing Address 825 Parkway Dr			0 5 / 2 3 / Y Y Y Y 2 0 1 1
	City	State	Zip Code	Transaction ID: 33354486
	Natchitoches	LA	71457-5535	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Self Employed	Occupatio Doctor o	on of Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	333.32	
-	Full Name (Last, First, Middle Initial) Dr Gregory D Norman			Date of Receipt
	Mailing Address 620 W. Cr. 100 N			M M / D D / Y Y Y Y 05 23 2011
	City	State	Zip Code	Transaction ID: 33354492
	Flora	IN	46929	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	on If Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1083.34	
-	Full Name (Last, First, Middle Initial) Dr Tammy Hogan Love			Date of Receipt
	Mailing Address 1524 Stillwater Ct			05 23 Y Y Y Y 05 21 1
	City	State	Zip Code	Transaction ID: 33354494
	Bowling Green	KY	42103-6022	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	400.00	
ſ	SUBTOTAL of Receipts This Page (optional)	1		433.33
┢				
L	TOTAL This Period (last page this line number	i oniy)		

			FOR LINE NUMBER: PAGE 45/69
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) FOR LINE NUMBER: PAGE 45 / 69 (check only one)
17	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
		Detailed Summary Fage	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any a name and address of any political commi	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	American Optometric Association Pol	tical Action Committee	
, А.	Full Name (Last, First, Middle Initial) Dr Kefla G Brown		Date of Receipt
	Mailing Address 30 Sandpiper Dr		05 / 23 / Y Y Y Y 2011
	City	State Zip Code	Transaction ID: 33354495
	La Place	LA 70068-6429	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		
	Other (specify)	400.00	
в.	Full Name (Last, First, Middle Initial) Dr Chris R Deibert	·	Date of Receipt
	Mailing Address 8 Johnson Drive		05 / 23 / Y Y Y Y 05 2011
	City	State Zip Code	Transaction ID: 33354497
	Luray	VA 22835-9705	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	500.00	
С.	Full Name (Last, First, Middle Initial) Dr John William Wood	1	Date of Receipt
0.	Mailing Address 31555 Lindero Cyn Ro	115	
	City	State Zip Code	Transaction ID: 33354498
	Westlake Village	CA 91361-4744	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	62.50
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	250.00	
	SUBTOTAL of Receipts This Page (optional)		212.50
	TOTAL This Period (last page this line number		
L			

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 69 (check only one) 11a X 11a 13 14 15 16 17
or for cor	mation copied from such Reports and S nmercial purposes, other than using the E OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	rican Optometric Association Polit	tical Action	Committee	
	lame (Last, First, Middle Initial) iott M Rosengarten			Date of Receipt
	g Address 7135 Shefford Lane			0 5 2 3 2 0 1 1
City		State	Zip Code	Transaction ID: 33355665
Louis	sville	KY	40242-2854	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		250.00
Name Self E	of Employer Employed	Occupatio Doctor o	n f Optometry	
Recei	pt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify)	0 0	500.00	
Dr Ste	lame (Last, First, Middle Initial) even L Compton			Date of Receipt
Mailin	g Address 880 Turner Ford Road			05 / D D / Y Y Y Y 23 / 2011
City		State	Zip Code	Transaction ID: 33355683
<u>Fran</u>	klin	KY	42134-6903	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		500.00
Name Self E	of Employer Employed	Occupatio Doctor o	n f Optometry	
	pt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0.0	500.00	
	lame (Last, First, Middle Initial) omas E Nye			Date of Receipt
Mailin	g Address 42 Tabor Lane			05 / Y Y Y Y 011 / 23 2011
City		State	Zip Code	Transaction ID: 33355866
<u>Ham</u>		OH	45013-5118	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		82.73
Self E	of Employer Employed		f Optometry	
	pt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼		420.91	
SUBTO	TAL of Receipts This Page (optional)			832.73
	This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 69 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any persented and address of any political committee	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	itical Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) Dr Brian J Blount		Date of Receipt
	Mailing Address 5830 N Circuit		05 / 24 / Y Y Y Y 011 / 24
	City	State Zip Code	Transaction ID: 33356088
	Beaumont	TX 77706-4428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	181.82
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	909.10	
— В.	Full Name (Last, First, Middle Initial) Dr Teresa M Seim		Date of Receipt
	Mailing Address 75388 Vineyard Way		0 5 / D D / Y Y Y Y Y 0 5 2 4 2 0 1 1
	City	State Zip Code	Transaction ID: 33356089
	Lawton	MI 49065-8609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	42.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	210.00	
 C.	Full Name (Last, First, Middle Initial) Dr Dennis M Brtva		Date of Receipt
	Mailing Address 57 Pebblebrook Ct		M · M / D · D / Y · Y · Y · Y Y 0 5 2 4 2 0 1 1 2 0 1 1
	City	State Zip Code	Transaction ID: 33356090
	Bloomington	IL 61705-6300	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	85.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	
	SUBTOTAL of Receipts This Page (optional)	•	308.82
F	TOTAL This Period (last page this line number		•

		FOR LINE NUMBER: PAGE 48/69
SCHEDULE A (FEC Form 3		(check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
	Detailed Cultimary Fage	13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than using the second se	and Statements may not be sold or used by any personing the name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Optometric Associatior	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Peter V Candela		Date of Receipt
Mailing Address P O Box 614		05 ^{//} 24 ^{//} 2011
City	State Zip Code	Transaction ID: 33356091
Blythewood	SC 29016-0614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Self Employed	Occupation	1
Receipt For:	Doctor of Optometry	4
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	416.70	
Full Name (Last, First, Middle Initial) Dr Dori M Carlson		Date of Receipt
Mailing Address P O Box 0		05 24 2011
City	State Zip Code	Transaction ID: 33356092
Park River	ND 58270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	163.64
Name of Employer	Occupation	1
Self Employed	Doctor of Optometry	_
Receipt For:	Aggregate Year-to-Date 🔻	
Primary General Other (specify) Image: Content of the second	854.56	
Full Name (Last, First, Middle Initial) Dr Steven Thomas Reed	I	Date of Receipt
Mailing Address 4550 Simpson Hv	vy 28 W	
City	State Zip Code	Transaction ID: 33356093
Magee	MS 39111-5187	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		90.00
Name of Employer Self Employed	Occupation Doctor of Optometry	1
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	450.00	
SUPTOTAL of Possinte This Page (antis		336.98
SUBTUTAL OF Receipts This Page (optio	nal)	
TOTAL This Period (last page this line nu	Imber only)	

SCHEDULE A (F ITEMIZED RECE	,	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 X 11a 14 15 16 17
or for commercial purposes	s, other than using the name and ad	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
American Optometr	E (In Full) ic Association Political Action	Committee	
Full Name (Last, First, I Dr Donald Lester Watson	,		Date of Receipt
	San Marco Drive		05 25 2011
City	State	Zip Code	Transaction ID: 33356340
Tybee Island	GA	31328-9706	Amount of Each Receipt this Period
FEC ID number of cont federal political committ			50.00
Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
Receipt For:		e Year-to-Date 🔻	
Other (specify) ▼	General	250.00	
Full Name (Last, First, I Dr Shannon C Franklin			Date of Receipt
Mailing Address 427	Cranberry Lane		05 / D D / Y Y Y Y 25 / 2011
City	State	Zip Code	Transaction ID: 33356342
Crozet	VA	22932-3160	Amount of Each Receipt this Period
FEC ID number of cont federal political committ			50.00
Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
Receipt For:		e Year-to-Date 🔻	
Other (specify)	General	250.00	
Full Name (Last, First, I Dr Richard D Salisbury	Middle Initial)		Date of Receipt
114	Box 1473 77 Main Street		M · M / D · D / Y · Y · Y · Y Y 0 5 2 5 2 0 1 1
City	State	Zip Code	Transaction ID: 33356344
Martin	КҮ	41649-1473	Amount of Each Receipt this Period
FEC ID number of cont federal political committ	ee.		250.00
Name of Employer Self Employed		f Optometry	
Receipt For:	General	e Year-to-Date 🔻	_
Other (specify)		500.00	
SUBTOTAL of Receipts	This Page (optional)		350.00
	page this line number only)		

			FOR LINE NUMBER: PAGE 50 / 69
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 50 / 69 (check only one)
I	TEMIZED RECEIPTS	for each category of the	X 11a \Box 11b \Box 11c \Box 12
		Detailed Summary Page	
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
Γ	NAME OF COMMITTEE (In Full)		
	American Optometric Association Polit	ical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr Ashley K Mc Ferron	Date of Receipt	
	Mailing Address 5079 W Sunset Dr		05 / 25 / Y Y Y Y 011
	City	State Zip Code	Transaction ID: 33356346
	Lake Oswego	OR 97035-4253	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.67
	Name of Employer	Occupation	
	Self Employed	Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date	
	Primary General	208.35	
_	Other (specify) ▼		
В.	Full Name (Last, First, Middle Initial) Dr Beth A Kneib		Date of Receipt
в.	Mailing Address 602 Nw 163Rd St		$\begin{array}{c c} & & & \\ & & & & \\ & & & \\ & & & & \\ & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\$
	City	State Zip Code	Transaction ID: 33356347
	Shoreline	WA 98177-3727	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.67
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	208.35]
– C.	Full Name (Last, First, Middle Initial) Dr Mario Joseph Contaldi		Date of Receipt
0.	Mailing Address 7728 Mid-Cities Blvd		05 25 2011
	City	State Zip Code	Transaction ID: 33356348
	North Richland Hil	TX 76180-4621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	90.91
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify)	363.64]
Γ	SUBTOTAL of Receipts This Page (optional)	······	174.25
F	TOTAL This Period (last page this line number	• only)	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 51 / 69 (check only one)		
	TEMIZED RECEIPTS		Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $		
ſ	Any information copied from such Reports and S or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so				
	NAME OF COMMITTEE (In Full)					
	American Optometric Association Politic	tical Action Co	mmittee			
Α.	Full Name (Last, First, Middle Initial) Dr Joe Wesley De Loach			Date of Receipt		
	Mailing Address 504 Edgelake Drive			05 / 25 / Y Y Y Y 011		
	City	State	Zip Code	Transaction ID: 33356349		
	Dallas	TX	75218-2111	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		109.00		
	Name of Employer Self Employed	Occupation Doctor of O	Intometry			
	Receipt For:	1 1	ear-to-Date V			
	Primary General			1		
	Other (specify) v	0 0 0	436.00			
В.	Full Name (Last, First, Middle Initial) Dr John S Bowen			Date of Receipt		
	Mailing Address 2570 Northshore Blvd Ste 200			M M / D D / Y Y Y Y 05 25 2011		
	City	State	Zip Code	Transaction ID: 33356350		
	Flower Mound	TX	75028-8386	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		84.00		
	Name of Employer Self Employed	Occupation Doctor of O	ptometry			
	Receipt For:	1 · · · · · · · · · · · · · · · · · · ·	ear-to-Date			
	Primary General Other (specify) ▼		336.00]		
- C.	Full Name (Last, First, Middle Initial) Dr Stacie Layne Virden	1		Date of Receipt		
	Mailing Address 2432 Lake Air Drive			05 25 2011		
	City	State	Zip Code	Transaction ID: 33356351		
	Waco	TX	76710-1611	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		90.91		
	Name of Employer Self Employed	Occupation Doctor of O	ptometry			
	Receipt For:	1 1	ear-to-Date	1		
	Primary General Other (specify) ▼		363.64]		
ſ	SUBTOTAL of Receipts This Page (optional)		·····	283.91		
ŀ	TOTAL This Period (last page this line number		•			

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 69 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
A c	Any information copied from such Reports and S r for commercial purposes, other than using the	n for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	tical Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) Dr Mira B Swiecicki		Date of Receipt
	Mailing Address 664 Clark Rd		05 / ^D D D / <u>Y Y Y Y Y</u> 25 / <u>2011</u>
	City	State Zip Code	Transaction ID: 33356354
	Bellingham	WA 98225-7842	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	-
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	2000.00	
— В.	Full Name (Last, First, Middle Initial) Dr Richard L Talkington		Date of Receipt
	Mailing Address 461 Pleasant St P.O. Box 521		05 / 26 / Y Y Y Y 011
	City	State Zip Code	Transaction ID: 33363869
	Franklin	NH 03235-1885	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	550.00	
– c.	Full Name (Last, First, Middle Initial) Dr Pamela E Theriot		Date of Receipt
	Mailing Address 120 W Vuelta Friso		05 / 26 / Y Y Y Y 011 / 2011
	City	State Zip Code	Transaction ID: 33363870
	Sahuarita	AZ 85629-8672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Self Employed	Occupation Doctor of Optometry]
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I	650.00
F	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 69 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using the	Statements may not be sold or used by any perso ne name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	American Optometric Association Po	blitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr Ricky F Groetsch		Date of Receipt
	Mailing Address 2104 Killeen Court		05 / 23 / Y Y Y 2011
	City	State Zip Code	Transaction ID: 33368803
	Saint Cloud	MN 56301-4794	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	300.00	
- 3.	Full Name (Last, First, Middle Initial) Dr James Richard Vitale		Date of Receipt
	Mailing Address 161 Main Street		05 / D D / Y Y Y Y 24 / 2011
	City	State Zip Code	Transaction ID: 33368855
	Plaistow	NH 03865-3020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
-).	Full Name (Last, First, Middle Initial) Dr D. Cory Rath		Date of Receipt
	Mailing Address 10748 Sprucedale Av	/e	0 5 / 2 6 / Y Y Y Y 0 5 / 2 6 / 2 0 1 1
	City Las Vegas	State Zip Code NV 89144-4401	Transaction ID: 33368948
	FEC ID number of contributing federal political committee.	NV 89144-4401	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Γ		·····	600.00

	IEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 69 (check only one) 11c 12 X 11a 11b 11c 12
Any in or for	nformation copied from such Reports and Sta commercial purposes, other than using the n	tements may not be sold or used by any person ame and address of any political committee to s	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
	AME OF COMMITTEE (In Full) merican Optometric Association Politic		
	ll Name (Last, First, Middle Initial) Curtis A Ono	Date of Receipt	
Ma	ailing Address 822 W Barrett		05 / ^D
Cit	-	State Zip Code	Transaction ID: 33368954
<u>Se</u>	eattle	WA 98119-1829	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	C	150.00
Na Se	ame of Employer If Employed	Occupation Doctor of Optometry	
Re	eceipt For:	Aggregate Year-to-Date	
	Primary General Other (specify)	300.00	
	II Name (Last, First, Middle Initial) Maryjane Healey		Date of Receipt
Ma	ailing Address 6710 124Th Place Se		05 / 27 / Y Y Y Y Y 011 / 2011
Cit		State Zip Code	Transaction ID: 33373431
	nohomish	WA 98296-8649	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	C	200.00
Na Se	ame of Employer olf Employed	Occupation Doctor of Optometry	
Re		Aggregate Year-to-Date 🔻	
	Primary General Other (specify) Image: Control of the second	1000.00	
	II Name (Last, First, Middle Initial) C. Thomas Crooks, III		Date of Receipt
Ma	ailing Address 1229 Highland Lakes Tra	ail	05 / ^P 27 / ^P 2011
Cit	-	State Zip Code	Transaction ID: 33373432
	rmingham	AL 35242-6886	Amount of Each Receipt this Period
fec	C ID number of contributing deral political committee.	C	50.00
	ame of Employer elf Employed	Occupation Doctor of Optometry	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUB	TOTAL of Receipts This Page (optional)		400.00
тот	AL This Period (last page this line number or	nly) 🕨	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 69 (check only one) X X 11a 11b 11c 12 13 14 15 16 1
A c	Any information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Pol	itical Action Committee	
. Z	Full Name (Last, First, Middle Initial) Dr Dennis M Johnson		Date of Receipt
	Mailing Address 1504 W Sognet		M M / D D / Y Y Y Y </td
	City	State Zip Code	Transaction ID: 33373587
	Midland	MI 48640	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2000.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	2000.00]
	Full Name (Last, First, Middle Initial) Dr Christopher J Parot		Date of Receipt
	Mailing Address 7618 W Corrine Drive		05 27 Y Y Y Y 2011
	City	State Zip Code	Transaction ID: 33375715
	Peoria	AZ 85381-9084	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	_
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	250.00]
	Full Name (Last, First, Middle Initial) Dr Larry G Obie	1	Date of Receipt
	Mailing Address 1330 12Th Ave		05 28 2011
	City	State Zip Code	Transaction ID: 33375749
	Havre	MT 59501-5401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1	2300.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 69 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	American Optometric Association Pol	litical Action	Committee	
А.	Full Name (Last, First, Middle Initial) Dr Andrea P Thau			Date of Receipt
-	Mailing Address 145 East 84Th St Apr	t 11A		0 5 2 8 2 0 1 1
	City	State	Zip Code	Transaction ID: 33375750
	New York	NY	10028-2058	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For:	1.1	e Year-to-Date	
	Primary General Other (specify)		833.35	
- 3.	Full Name (Last, First, Middle Initial) Dr Kathryn Dingley Gurney			Date of Receipt
	Mailing Address 1285 Industry Rd			05 / 28 / Y Y Y 2011
	City	State	Zip Code	Transaction ID: 33375752
		ME	04938-4545	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify)	0 0	250.00	
-).	Full Name (Last, First, Middle Initial) Dr Kevin L Gee	•		Date of Receipt
	Mailing Address 9119 Highway 6 #200	0		M M / D D / Y
	City	State	Zip Code	Transaction ID: 33375755
	Missouri City	TX	77459-4876	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.91
	Name of Employer Self Employed	- 1 · ·	f Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	454.55	
Γ	SUBTOTAL of Receipts This Page (optional) .			307.58
F	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 69 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person ng the name and address of any political committee to	n for the purpose of soliciting contributions
American Optometric Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr George W Hertneky		Date of Receipt
Mailing Address 16862 County Roa	ad 28	$\begin{array}{c c} & & & \\ \hline \\ & &$
City	State Zip Code	Transaction ID: 33375759
Brush	CO 80723-9424	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date V	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr Sue E Lowe		Date of Receipt
Mailing Address 1704 Skyline Drive	e	05 / 28 / Y Y Y 05 11
City	State Zip Code	Transaction ID: 33375760
Laramie	WY 82070-8932	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
	Aggregate Year-to-Date 🔻	
Other (specify) ▼	833.35	
Full Name (Last, First, Middle Initial) Dr Ron Benner		Date of Receipt
Mailing Address 1408 E Maryland		05 / 28 / Y Y Y Y 05 / 28 / 2011
City	State Zip Code	Transaction ID: 33375762
	MT 59044-2238	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary General Other (specify) ▼	833.35	
SUBTOTAL of Receipts This Page (option	nal)	383.34
	mber only)	

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 58 / 69 (check only one)
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} (\text{oncorr}, \text{oncorr}) \\ \hline X & 11a \\ \hline 13 \\ 14 \\ \hline 15 \\ 16 \\ \hline 17 \\ \end{array}$
A	Any information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions
Γ	NAME OF COMMITTEE (In Full)		
	American Optometric Association Poli	tical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Neil W Draisin		Date of Receipt
	Mailing Address 21 Fairway Village Lar	ie	05 28 Y Y Y Y 2011
	City	State Zip Code	Transaction ID: 33375763
	Isle Of Palms	SC 29451-2732	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.67
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	208.35]
В.	Full Name (Last, First, Middle Initial) Dr Jennifer M Smith		Date of Receipt
	Mailing Address 141 Sea Cotton Cir	05 28 Y Y Y Y 011 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	City	State Zip Code	Transaction ID: 33375764
	Charleston	SC 29412-8296	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.67
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	208.35]
— C.	Full Name (Last, First, Middle Initial) Dr G. Richard Mc Guirt, Jr		Date of Receipt
	Mailing Address 1622 Bear Chene		05 28 YYYY 011 05 28 2011
	City	State Zip Code	Transaction ID: 33375766
	Westlake	LA 70669-4110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	250.00]
	SUBTOTAL of Receipts This Page (optional)	I	133.34
	TOTAL This Period (last page this line number		

;	SCHEDULE A (FEC Form 3X)	Use ser	parate schedule(s)	FOR LINE NUMBER: PAGE 59 / 69 (check only one)		
l	ITEMIZED RECEIPTS	for each	category of the	(check only one)		
_			I Summary Page			
	Any information copied from such Reports and S or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so				
	NAME OF COMMITTEE (In Full)					
	American Optometric Association Poli	tical Action Committe	e			
A.	Full Name (Last, First, Middle Initial) Dr Robert G Goerss			Date of Receipt		
	Mailing Address 3120 Brookford Drive			05 / ^D D / <u>Y</u> Y Y Y 28 / <u>2011</u>		
	City	State Zip Co		Transaction ID: 33375768		
	Saint Charles	MO 63303	3-6356	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.00		
	Name of Employer Self Employed	Occupation Doctor of Optomet	rv			
	Receipt For:	Aggregate Year-to-Da		1		
	Primary General		250.00			
_	Other (specify)	0 0 0 0 0				
в.	Full Name (Last, First, Middle Initial) Dr Thomas J Landry			Date of Receipt		
	Mailing Address 9 Greenridge Drive			M M / D D / Y		
	City	State Zip Co		Transaction ID: 33375769		
	Painted Post	NY 14870)-9388	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.00		
	Name of Employer Self Employed	Occupation Doctor of Optomet	ry			
	Receipt For:	Aggregate Year-to-Da		1		
	Primary General Other (specify) ▼		250.00			
- C.	Full Name (Last, First, Middle Initial) Dr Trevor J Cleveland			Date of Receipt		
0.	Mailing Address 1610 Wilson Court					
	City	State Zip Co	ode	Transaction ID: 33375770		
	Eugene	OR 97402	2-3361	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.00		
	Name of Employer Self Employed	Occupation Doctor of Optomet	ry			
	Receipt For:	Aggregate Year-to-Da		1		
	Primary General Other (specify) ▼		250.00			
ſ	SUBTOTAL of Receipts This Page (optional)		L	150.00		
ŀ						
	TOTAL This Period (last page this line number	oniy)	·····			

9	SCHEDULE A (FEC Form 3X)	Loo concrete cohodula/=\	FOR LINE NUMBER: PAGE 60 / 69
		Use separate schedule(s) for each category of the	(check only one)
•		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	son for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)		
	American Optometric Association Polit	ical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Lanny F Duclos, Jr		Date of Receipt
	Mailing Address 3795 Sunvalley		05 / 28 / Y Y Y 2011
	City	State Zip Code	Transaction ID: 33375773
	Grantsville	UT 84029-8512	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Self Employed	Occupation	
	Receipt For:	Doctor of Optometry	
	Primary General	Aggregate Year-to-Date ▼	-
	Other (specify)	250.00	
в.	Full Name (Last, First, Middle Initial) Dr Michele R Haranin		Date of Receipt
	Mailing Address 301 Concord Road		0 5 2 8 2 0 1 1
	City	State Zip Code	Transaction ID: 33375774
	Dover	DE 19904-9100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	250.00	
– C.	Full Name (Last, First, Middle Initial) Dr Jan L Cooper		Date of Receipt
	Mailing Address 101 Chandler West		0 5 3 1 Y Y Y Y 0 5 3 1 2 0 1 1
	City	State Zip Code	Transaction ID: 33375893
	Highland	CA 92346-5482	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	187.50
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	937.50	
ſ	SUBTOTAL of Receipts This Page (optional)		287.50
f	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 61 / 69 (check only one)
I	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Poli	Itical Action (Committee	
∠ A.	Full Name (Last, First, Middle Initial) Dr Daniel Allen Robison			Date of Receipt
	Mailing Address 21081 Sw Jameco Cou	urt		05 27 Y Y Y Y 011 D D / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 33376628
	Tualatin	OR	97062-9313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	1 1	Year-to-Date	-1
	Primary General Other (specify) v		250.00]
– B.	Full Name (Last, First, Middle Initial) Dr David P Nelson	1		Date of Receipt
	Mailing Address 5714 Oxbow Bend			M M / D D / Y
	City	State	Zip Code	Transaction ID: 33380464
	Madison	WI	53716-2472	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:		Year-to-Date V	-
	Primary General Other (specify)	0 0	250.00]
– c.	Full Name (Last, First, Middle Initial) Dr Robert Whitney Wyman	<u> </u>		Date of Receipt
	Mailing Address 451 Swanzey Lake Ro	ad		05 31 Y Y Y Y 05 31 2011
	City	State	Zip Code	Transaction ID: 33380465
	W Swanzey	NH	03469	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	1 1	Year-to-Date V	1
	Primary General Other (specify) ▼	0 0	1000.00]
Γ	SUBTOTAL of Receipts This Page (optional)		······	1375.00
	TOTAL This Period (last page this line number	only)	I	

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Politi	name and add	dress of any politic	ory of the nary Page ed by any persor	FOR LINE NUMBER: PAGE 62 / 69 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17 of or the purpose of soliciting contributions solicit contributions from such committee. 17
A .	Full Name (Last, First, Middle Initial) Samuel P Shippee Mailing Address 2084 Elliot Rd City St Johnsbury FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 05819-8314 n f Optometry e Year-to-Date V	500.00	Date of Receipt M M / D D / Y Y Y Y 2 0 1 1 Transaction ID: 33380473 Amount of Each Receipt this Period 500.00
В.	Full Name (Last, First, Middle Initial) Dr Dawn R Pewitt Mailing Address 4010 Porte La Paz 65 City San Diego FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 92122-1997 n f Optometry e Year-to-Date	365.00	Date of Receipt M M / D D / Y Y Y Y 2 7 / 2 0 1 1 Transaction ID: 33380498 Amount of Each Receipt this Period 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 3	X)	se senai	rate schedule(s)				E NUMBER: PAGE 63/6							69		
ITEMIZED DISI	AIZED DISBURSEMENTS		r each c	ategory of the Summary Page		È	eck only 21b 27	/ one) 22 28a	X	23 28b		24 28c	\square	25 29	П		
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or for commercial purpo		g the name and	d addres	s of any political	con	nmitte	e to so	licit contr	ibuti	ions fr	om s	uch c	omn	nittee			
American Optom	etric Association	Political Acti	ion Cor	mmittee													
Full Name (Last, Fir Culberson For Ce								Transaction ID: 33261336 Date of Disbursement									
Mailing Address	P.O. Box 41964							0 5	M	[′] °) 2	/ Y	ž	0 Ì 1	Y		
City Houston		State TX	e	Zip Code 77241				Amou	nt of	f Each	n Disk	oursei	-				
Purpose of Disburs Candidate Contribut					Г	011							100	00.00			
Candidate Contribut Candidate Name Rep. John Abney	-					atego Type	ory/										
	X House Senate President District: 07	Disbursemen X Prir Oth		2012 General Sify) ▼				Cand	idat	e Coi	ntrib	ution					
Full Name (Last, Fir Udall For Us All	st, Middle Initial)							Trans Date		on ID isburs			604				
Mailing Address	PO Box 25766							0 ^M 5	M	[′] ^D) [⊅]	/ Y	ž	0 Ì 1	Y		
City Albuquerque		State NM		Zip Code 87125				Amou	nt of	f Each	n Disk	oursei	-		-		
Purpose of Disburse Candidate Contribut						011	· · · · ·	L.					100	00.00			
Candidate Name Rep. Tom Udall						atego Type											
	House X Senate President	Disbursemen X Prir Oth		2014 General cify) ▼				Cand	idat	e Coi	ntrib	ution					
Full Name (Last, Fir Volunteers For S								Trans Date		on ID isburs			605				
Mailing Address	PO Box 661							0 ^M 5	M	[′] °) [⊅]	/ Y	ž	0 Ì 1	Y		
City Collinsville		State IL	e	Zip Code 62234				Amou	nt of	f Each	n Disk	ourse			-		
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Candidate Contribut Candidate Name Rep. John M. Sh	-					atego Type	ory/										
-	X House Senate President	Disbursemen X Prir Oth		2012 General cify) ▼				Cand	idat	e Coi	ntrib	ution					
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	. ,													
American Optometrie	C Association F	Political Action	Committee											
Full Name (Last, First, N	,						Trans	acti	on ID:	: 33	281	525		
John Campbell For C	Congress						Date				t			_
	90 Macarthur E te 500	Boulevard					0 ^M 5	М	[′] ° °) 5	/ Y	ž	0 ¹ 1	Y
City Newport Beach		State CA	Zip Code				Amou	nt o	f Each	Disb	urse	ment	this F	Perio
Newport Beach Purpose of Disbursemer	nt	CA	92660	_					-		-	100	00.00	
Candidate Contribution	it.				01	1								
Candidate Name				C	ateg									
Rep. John Campbell	louse	Disbursement Fo	r: 2012		Тур	e								
S P	resident	X Primary					Candi	dat	e Cor	ntribu	ution			
Full Name (Last, First, N							Trans	ooti			201	060		
Friends Of Roger Wi	,						Date				-	000		
Mailing Address P.C	D. Box 874						0 [™] 5	М	[′] ° °) ^D 5	/ Y	ž	0 ¹ 1	Y
City		State	Zip Code				Amou	nt o	f Each	Disb	urse	ment	this F	Perio
Tupelo		MS	38802									100	00.00	
Purpose of Disbursemer Candidate Contribution	nt			Γ	01	1	L					100	50.00	
Candidate Name Mr. Roger Wicker				С	ateg Typ	ory/								
S P	louse enate resident ict: 01	Disbursement Fo X Primary Other (Candi	dat	e Cor	ntribu	ution			
Full Name (Last, First, M	liddle Initial)						Trans	acti	on ID:	: 33	291	941		
Adrian Smith For Co	ngress						Date				-			
	21 Avenue I te 6						0 ^M 5	М	[′] ° °	9	/ Y	ž	0 ¹ 1	Y
City Scottsbluff		State NE	Zip Code 69361				Amou	nt o	f Each	Disb	urse	ment	this F	Perio
Purpose of Disbursemer	nt				-							100	00.00	
Candidate Contribution					01									
Candidate Name Rep. Adrian Smith				C	ateg Typ									
s	louse enate resident	Disbursement Fo X Primary Other (L			Candi	dat	e Cor	ntribu	ution			
State: NE Distri	ct: 03	· ``	•											
SUBTOTAL of Disbursem	ents This Page (c	optional)				►	Γ.					300	00.00	

SCHEDULE B (FEC Form 3X)	Lies constat	e schedule(s)				NE NUMBER: PAGE 65 / 69							
TEMIZED DISBURSEMENTS	for each cate Detailed Sun	egory of the		\square	eck only 21b 27	one) 22 28a		23 28b	24	4 Bc		25 29	
Any Information copied from such Reports and State				any p	person f	or the pu	rpos	e of so	oliciting	g cor	ntribut	tions	
or for commercial purposes, other than using the nar	ne and address o	of any political	com	mitte	ee to so	icit contr	ibutio	ons fro	om suc	ch co	ommit	tee	
NAME OF COMMITTEE (In Full)	Action Com	nittoo											
American Optometric Association Politica	a Action Com	nittee											
Full Name (Last, First, Middle Initial) Defazio For Congress						Trans Date of				919	943		
Mailing Address PO Box 1316						[™] 5	M /	D 0	9 /	Y	ž o	11	Y
City	State Zi	p Code				Δμου	nt of	Each	Disbu	reom	oont t	hic D	orio
Springfield		7477				Amou		Lach	DISDU	ISEII			eno
Purpose of Disbursement				v	-						1000	0.00	
Candidate Contribution			_	011	· · · · · ·								
Candidate Name Rep. Peter Anthony DeFazio				atego Type									
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Full Name (Last, First, Middle Initial)						Trans	antie		222	052	50		
Schmidt For Congress Committee								sburse		300	555		
Mailing Address 771 Wards Corner Rd						[™] 5	M /	D 1	^D /	Y	ž0	1 1	Y
City	State Zi	p Code				Amou	nt of	Each	Disbu	rsem	nent t	his P	erio
Loveland	OH 4	5140				-							
Purpose of Disbursement Candidate Contribution				011		L.					1000	0.00	
Candidate Name Rep. Jeannette H. Schmidt			Са	atego Type	ory/								
5 X	sement For: K Primary Other (specify	2012 General				Candi	date	e Cor	itribut	ion			
Full Name (Last, First, Middle Initial)						Trans	actio	on ID:	332	953	160		
Steve Austria For Congress								sburse	ement		.00		
Mailing Address 20 S Limestone St Suite	e 390					0 ^M 5	M /	^D 1	^D /	Y	ž o	11	Y
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Springfield	OH 4	5502									1000	<u>) </u>	
Purpose of Disbursement Candidate Contribution			Г	011					-		1000		
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3 X	sement For: K Primary Other (specify	2012 General				Candi	date	e Con	ıtribut	ion			
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ITEMIZED DISBURSEMENTS Ior each category of the Detailed Summary Page Display and the purpose of 2 billing continuation of the purpose of solicing continuations from such Reports and Statements may not be solid or used by any person for the purpose of solicing continuations from such committee to solicit contributions from such committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Optimetric Association Political Action Committee Full Name (Last, First, Middle Initia) Transaction ID: 3331933 Chard Disbursement GA City State Zip Code Allanta GA Office Sought: House Purpose of Disbursement Category/ Type Office Sought: House View Disbursement Category/ Type Office Sought: House View Disbursement Category/ Type Office Sought: House View Disbursement Category/ Type Office Sought: X House View Disbursement Category/ Type Office Sought: X House View Disbursement Category/ Type Office Sought: X House View Disbursement Category/ Type Office Sought:	PAGE 66 / 69		R:		NUMBI				HEDULE B (FEC Form 3X) Use separate schedule(s)					S
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting continuous from such commencial purposes, other than using the name and address of any political contributions from such commencial purposes, other than using the name and address of any political contributions from such commencial purposes, other than using the name and address of any political contributions from such commencial purposes, other than using the name and address of any political contributions from such commencial purposes, other than using the name and address of any political contributions from such commencial purposes, other than using the name and address of any political contribution. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Transaction ID: 3331933 Charmer Commental purposes of Disbursement GA 30355 Purpose of Disbursement Other (specify) Amount of Each Disbursement Candidate Contribution Other (specify) Candidate Contribution Candidate Contribution Other (specify) Transaction ID: 3334796 Date of Disbursement Candidate Contribution Candidate Contribution Candidate Name Fill Name (Last, First, Middle Initia) Fill Name (Last, First, Middle Initia) Friends Of Dennis Ross Disbursement Other (specify) Transaction ID: 3334796 Office Sought: X House Y Primary General Other (specify)				2 [22	ly c	21b		MIZED DISBURSEMENTS for each category of the		EMIZED DIS	IT		
NAME OF COMMITTEE (in Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initia) Chambliss For Senate Mailing Address Post Office Box 12469 City Atlanta GA Candidate Name Cardidate Contribution Candidate Name State: Category/ Type Office Sought: House Value Disbursement For: Candidate Contribution Category/ Type Office Sought: Mouse Y State: Category/ Type City Candidate Contribution Candidate Contribution Category/ Type City State: Candidate Contribution Category/ Type Office Sought: X House Senate President Propose of Disbursement Category/ Type Office Sought: X House Senate Disbursement For: Candidate Contribution Category/ Type Office Sought: X House Senate President <td< th=""><th>oliciting contributions</th><th>e of solicit</th><th>rpos</th><th>e pur</th><th>r the p</th><th></th><th>erson f</th><th>any p</th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	oliciting contributions	e of solicit	rpos	e pur	r the p		erson f	any p						
American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Chambliss For Senate Mailing Address Post Office Box 12469 City State Zip Code Allanta GA 30055 Purpose of Disbursement Category' Candidate Contribution 011 Candidate Name Disbursement For: 2014 X Sen Saxby Chambliss Disbursement For: 2014 X Sen Saxby Chambliss Disbursement For: 2014 X Senate President Other (specify) ▼ Candidate Contribution State: GA District: Disbursement For: 2014 X Senate District: Y Primary General Mailing Address PO Box 7310 City Amount of Each Disbursement Candidate Contribution 011 Category/ Y Chickeland Fresident State: 011 Category/ Wr. Dennis Ross Disbursement For: 2012 Candidate Contribution Candidate Name Mailing Address 7643 East U.S. 36 Category/ City	om such committee	ons from s	ibutio	ontri	cit con	olic	e to so	mitte	l con	and address of any politica	ng the name and addr			or
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	American Optometric Association Polit	ical Action Committee		
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	S	CHEDULE B (FEC Form 3X	Use ser	parate schedule(s))			E NUMBER:						PAGE 69/69			
	ITEMIZED DISBURSEMENTS			for each category of the Detailed Summary Page					22 28a		23 28b	\square	24 28c	\square	25 29		26 30b
		y Information copied from such Reports and for commercial purposes, other than using t											•				
	\rangle	NAME OF COMMITTEE (In Full) American Optometric Association P	olitical Action C	committee													
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	SUBTOTAL of Disbursements This Page (optional)	•	78.89
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F	FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)