

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 10 / 18 / 2012 through 11 / 26 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Thomas E. Nye O.D.

Signature of Treasurer Thomas E. Nye O.D. [Electronically Filed] Date 12 / 05 / 2012

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Optometric Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="683843.90"/>	<input type="text" value="683843.90"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="455751.60"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="100833.76"/>	<input type="text" value="835645.25"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="556585.36"/>	<input type="text" value="1519489.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="112574.36"/>	<input type="text" value="1075478.15"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="444011.00"/>	<input type="text" value="444011.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Optometric Association Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	68891.22	544705.98
(ii) Unitemized .....	31928.50	289559.91
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	100819.72	834265.89
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	100819.72	834265.89
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	14.04	379.36
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	100833.76	835645.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	100833.76	835645.25

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2209.36	56838.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2209.36	56838.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	110000.00	897750.00
24. Independent Expenditures (use Schedule E) .....	0.00	100000.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	365.00	890.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	365.00	890.00
29. Other Disbursements .....	0.00	20000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	112574.36	1075478.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	112574.36	1075478.15

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	100819.72	834265.89
34. Total Contribution Refunds (from Line 28(d)) .....	365.00	890.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	100454.72	833375.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2209.36	56838.15
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2209.36	56838.15

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr Scott M Walters</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2012 <b>Transaction ID : 35405030</b>
Mailing Address 1025 Nw Regent Dr		Amount of Each Receipt this Period 250.00
City Grants Pass	State OR	Zip Code 97526-3383
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Harue Jean Marsden</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2012 <b>Transaction ID : 35405031</b>
Mailing Address 1445 Prospect Ave Unit D		Amount of Each Receipt this Period 194.40
City Placentia	State CA	Zip Code 92870-3816
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1610.86	

Full Name (Last, First, Middle Initial) <b>C. Dr Mitchell Todd Munson</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 <b>Transaction ID : 35405892</b>
Mailing Address 9940 Ashleigh Way		Amount of Each Receipt this Period 166.94
City Highlands Ranch	State CO	Zip Code 80126-4244
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1669.40	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	611.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Elissa Maria Contillo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 98 Tuckertown Rd  
 City State Zip Code  
 S Kingstown RI 02879-2703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2012  
**Transaction ID : 35405893**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr Paul Zerbinopoulos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Carrie Ln  
 City State Zip Code  
 N Kingstown RI 02852-4138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 304.20

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2012  
**Transaction ID : 35405894**  
 Amount of Each Receipt this Period  
 30.42

**C. Dr Pamela J Blodgett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Carrie Ln  
 City State Zip Code  
 N Kingstown RI 02852-4138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 304.20

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2012  
**Transaction ID : 35405895**  
 Amount of Each Receipt this Period  
 30.42

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.84
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Dr Wanda C Batson</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 <b>Transaction ID : 35405896</b>
Mailing Address 8120 Rock Hill Rd		Amount of Each Receipt this Period 250.00
City Baker	State FL	Zip Code 32531-7337
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Doctor of Optometry
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Michael Bacigalupi</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 <b>Transaction ID : 35405897</b>
Mailing Address 622 Se 13Th St		Amount of Each Receipt this Period 30.42
City Ft Lauderdale	State FL	Zip Code 33316-2023
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Doctor of Optometry
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.20	

Full Name (Last, First, Middle Initial) <b>C. Dr Ronald Lee Hopping</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 <b>Transaction ID : 35405898</b>
Mailing Address 1801 Creekside Dr		Amount of Each Receipt this Period 166.67
City Friendswood	State TX	Zip Code 77546-7821
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Doctor of Optometry
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.70	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	447.09
<b>TOTAL</b> This Period (last page this line number only).....▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 174  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. Dr Desiree Tyer Hopping**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1801 Creekside Dr  
City Friendswood State TX Zip Code 77546-7821  
FEC ID number of contributing federal political committee. C  
Name of Employer Self Employed  
Occupation Doctor of Optometry  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 1666.70

Date of Receipt  
10 / 19 / 2012  
**Transaction ID : 35405899**  
Amount of Each Receipt this Period  
166.67

**B. Dr Scott M Burks**  
Full Name (Last, First, Middle Initial)  
Mailing Address Po Box 1351  
City Buffalo State MO Zip Code 65622-1351  
FEC ID number of contributing federal political committee. C  
Name of Employer Self Employed  
Occupation Doctor of Optometry  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
10 / 19 / 2012  
**Transaction ID : 35405902**  
Amount of Each Receipt this Period  
100.00

**C. Dr Susan M Brunnett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9940 Ashleigh Way  
City Highlands Ranch State CO Zip Code 80126-4244  
FEC ID number of contributing federal political committee. C  
Name of Employer Self Employed  
Occupation Doctor of Optometry  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 1333.88

Date of Receipt  
10 / 19 / 2012  
**Transaction ID : 35405903**  
Amount of Each Receipt this Period  
333.06

**SUBTOTAL** of Receipts This Page (optional)..... ► 599.73  
**TOTAL** This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 10 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr D. William Lakin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 44260 Boulder Dr  
 City State Zip Code  
 Clinton Twp MI 48038-1430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 19 / 2012  
**Transaction ID : 35405904**  
 Amount of Each Receipt this Period  
 200.00

**B. Dr Wayne Maltz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10801 Valley Hills Dr  
 City State Zip Code  
 Houston TX 77071-1610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 20 / 2012  
**Transaction ID : 35412019**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr Marc Robert Bloomenstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5101 E Calavar Rd  
 City State Zip Code  
 Scottsdale AZ 85254-2869  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 20 / 2012  
**Transaction ID : 35412021**  
 Amount of Each Receipt this Period  
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr Julie Metzger Aubuchon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 72 Belmont Ct  
 City Florence State KY Zip Code 41042-8986  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1100.00

Date of Receipt 10 / 20 / 2012  
**Transaction ID : 35412022**  
 Amount of Each Receipt this Period 600.00

**B. Dr Kevin L Alexander**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2116 Wildwood Ct  
 City Fullerton State CA Zip Code 92831-1339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 10 / 20 / 2012  
**Transaction ID : 35412023**  
 Amount of Each Receipt this Period 50.00

**C. Dr Robert J Parks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 86 Darlene Drive  
 City Wakefield State RI Zip Code 02879-8307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 468.77

Date of Receipt 10 / 20 / 2012  
**Transaction ID : 35412024**  
 Amount of Each Receipt this Period 31.25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 681.25  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 12 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 8720 52Nd Street Ct W

City State Zip Code  
 University Pl WA 98467-1758

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 840.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2012

**Transaction ID : 35412037**

Amount of Each Receipt this Period  
 84.00

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

Mailing Address 855 11Th Street Pl

City State Zip Code  
 Garner IA 50438-1847

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 840.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2012

**Transaction ID : 35412038**

Amount of Each Receipt this Period  
 84.00

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

Mailing Address 159 Sunflower St

City State Zip Code  
 Casper WY 82604-3805

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2012

**Transaction ID : 35412039**

Amount of Each Receipt this Period  
 35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 203.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Kent G Hillery**  
Full Name (Last, First, Middle Initial)

Mailing Address 16448 Country Club Dr

City Peosta State IA Zip Code 52068-9710

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
10 / 21 / 2012  
**Transaction ID : 35412042**

Amount of Each Receipt this Period  
500.00

**B. Dr Mary Lynn Gregory**  
Full Name (Last, First, Middle Initial)

Mailing Address 3332 120Th Ave

City Clear Lake State MN Zip Code 55319-9506

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
490.95

Date of Receipt  
10 / 21 / 2012  
**Transaction ID : 35412043**

Amount of Each Receipt this Period  
54.55

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

Mailing Address 3537 Newcastle Dr Se

City Rio Rancho State NM Zip Code 87124-3672

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4090.95

Date of Receipt  
10 / 21 / 2012  
**Transaction ID : 35412044**

Amount of Each Receipt this Period  
454.55

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 559.10

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

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

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

FOR LINE NUMBER: PAGE 14 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr Matthew J Maki**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 135 W Church St  
 City State Zip Code  
 Williamston MI 48895-1119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2012  
**Transaction ID : 35424846**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr David K Talley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1698 Brookside Dr  
 City State Zip Code  
 Germantown TN 38138-2531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2012  
**Transaction ID : 35424848**  
 Amount of Each Receipt this Period  
 85.00

**C. Dr Blaine F Bird**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2001 E 775 S  
 City State Zip Code  
 Springville UT 84663-3206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 304.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2012  
**Transaction ID : 35424849**  
 Amount of Each Receipt this Period  
 30.42

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.42  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 174
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr Steven C Ezzell**  
Full Name (Last, First, Middle Initial)

Mailing Address 649 Matthew Ct

City Abilene State TX Zip Code 79602-5246

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
10 / 22 / 2012  
**Transaction ID : 35424850**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 11700 Northview Dr

City Aledo State TX Zip Code 76008-5223

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1833.30

Date of Receipt  
10 / 22 / 2012  
**Transaction ID : 35431689**

Amount of Each Receipt this Period  
83.33

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

Mailing Address 971 Suncook Valley Rd

City Alton State NH Zip Code 03809-5212

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.70

Date of Receipt  
10 / 23 / 2012  
**Transaction ID : 35432825**

Amount of Each Receipt this Period  
166.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Dr Paul Anton Hodge**

Mailing Address 3042 118Th Ave

City State Zip Code  
 Allegan MI 49010-9555

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2012

**Transaction ID : 35432828**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 8 Johnson Dr

City State Zip Code  
 Luray VA 22835-9705

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2012

**Transaction ID : 35432830**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 679 Plumtree Ln

City State Zip Code  
 Fenton MI 48430-4207

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2012

**Transaction ID : 35432831**

Amount of Each Receipt this Period  
 100.00

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

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



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

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

FOR LINE NUMBER: PAGE 17 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr Richard W Phillips**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1977 Spring Hollow Ln  
 City State Zip Code  
 Germantown TN 38139-5675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2012  
**Transaction ID : 35432832**  
 Amount of Each Receipt this Period  
 125.00

**B. Dr Barry J Barresi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 659 Spyglass Summit Dr  
 City State Zip Code  
 Chesterfield MO 63017-2142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1666.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2012  
**Transaction ID : 35432833**  
 Amount of Each Receipt this Period  
 166.67

**C. Dr Mary Alice A. Tanguay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2332 Castle Rock Rd  
 City State Zip Code  
 Carrollton TX 75007-2012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2012  
**Transaction ID : 35433480**  
 Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 OF 174 (check only one)									
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> 11a</td> <td style="text-align: center;"><input type="checkbox"/> 11b</td> <td style="text-align: center;"><input type="checkbox"/> 11c</td> <td style="text-align: center;"><input type="checkbox"/> 12</td> <td style="text-align: center;"><input type="checkbox"/> 13</td> <td style="text-align: center;"><input type="checkbox"/> 14</td> <td style="text-align: center;"><input type="checkbox"/> 15</td> <td style="text-align: center;"><input type="checkbox"/> 16</td> <td style="text-align: center;"><input type="checkbox"/> 17</td> </tr> </table>	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17		

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

Full Name (Last, First, Middle Initial) <b>A. Dr Linda S Pinsky</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 <b>Transaction ID : 35433481</b>		
Mailing Address 5730 Turkey Oak Rd			Amount of Each Receipt this Period 500.00		
City North Chesterfield	State VA	Zip Code 23237-3912			
FEC ID number of contributing federal political committee. C					
Name of Employer Self Employed		Occupation Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) <b>B. Dr Dominic S Onwukwe</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 <b>Transaction ID : 35433484</b>		
Mailing Address 4812 Silverbrook Way			Amount of Each Receipt this Period 125.00		
City Bowie	State MD	Zip Code 20720-3470			
FEC ID number of contributing federal political committee. C					
Name of Employer Self Employed		Occupation Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) <b>C. Dr Parise M Chamberland</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 <b>Transaction ID : 35433488</b>		
Mailing Address 9 Ridge Rd			Amount of Each Receipt this Period 250.00		
City Winthrop	State ME	Zip Code 04364-3332			
FEC ID number of contributing federal political committee. C					
Name of Employer Self Employed		Occupation Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	875.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 174
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Dr John W Crotty**

Mailing Address 725 16Th St

City Auburn State NE Zip Code 68305-2204

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 19 / 2012**

**Transaction ID : 35433497**

Amount of Each Receipt this Period  
**400.00**

Full Name (Last, First, Middle Initial)  
**B. Dr James W Devine**

Mailing Address 8600 Martell Rd

City Hickman State NE Zip Code 68372-9789

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 19 / 2012**

**Transaction ID : 35433499**

Amount of Each Receipt this Period  
**400.00**

Full Name (Last, First, Middle Initial)  
**C. Dr Janet Rose Fett**

Mailing Address 517 S Ridge Dr

City S Sioux City State NE Zip Code 68776-3828

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **266.66**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 19 / 2012**

**Transaction ID : 35433502**

Amount of Each Receipt this Period  
**133.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>933.33</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Gary D Finn**  
Full Name (Last, First, Middle Initial)

Mailing Address 6708 N 160Th St

City Omaha State NE Zip Code 68116-4073

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt 10 / 19 / 2012  
**Transaction ID : 35433504**

Amount of Each Receipt this Period 72.00

**B. Dr Courtney M Goetsch**  
Full Name (Last, First, Middle Initial)

Mailing Address 105 S 13Th Place Cir

City Norfolk State NE Zip Code 68701-4810

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2012  
**Transaction ID : 35433506**

Amount of Each Receipt this Period 400.00

**C. Dr Steven J Gradowski**  
Full Name (Last, First, Middle Initial)

Mailing Address 6214 S 118Th Plz

City Omaha State NE Zip Code 68137-4403

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2012  
**Transaction ID : 35433508**

Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 872.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 174
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr Ann M Feidler-Klein</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 <b>Transaction ID : 35433516</b>
Mailing Address 909 Park Way		Amount of Each Receipt this Period 400.00
City Norfolk	State NE	Zip Code 68701-3068
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Jeffrey S Klein</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 <b>Transaction ID : 35433517</b>
Mailing Address 909 Park Way		Amount of Each Receipt this Period 400.00
City Norfolk	State NE	Zip Code 68701-3068
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Dr Corey M Langford</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 <b>Transaction ID : 35433523</b>
Mailing Address 7756 N 153Rd St		Amount of Each Receipt this Period 540.00
City Bennington	State NE	Zip Code 68007-1551
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1340.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr Walter C Mc Cormick</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 <b>Transaction ID : 35433529</b>
Mailing Address 924 Tibbals St			Amount of Each Receipt this Period 102.00
City Holdrege	State NE	Zip Code 68949-1653	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 306.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr Steven Gerald Miller</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 <b>Transaction ID : 35433532</b>
Mailing Address 1302 Eldorado Rd			Amount of Each Receipt this Period 400.00
City Norfolk	State NE	Zip Code 68701-3006	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 400.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr Jeffrey Wade Pape</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 <b>Transaction ID : 35433535</b>
Mailing Address 84643 Buckskin Rd			Amount of Each Receipt this Period 400.00
City Norfolk	State NE	Zip Code 68701-9604	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 400.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	902.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Richard L Powell**  
Full Name (Last, First, Middle Initial)

Mailing Address 820 Manchester Cir

City Lincoln State NE Zip Code 68528-1043

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **10 / 19 / 2012**

**Transaction ID : 35433536**

Amount of Each Receipt this Period **100.00**

**B. Dr Scott C Reins**  
Full Name (Last, First, Middle Initial)

Mailing Address 6500 Vanderslice Ln

City Lincoln State NE Zip Code 68516-9247

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 19 / 2012**

**Transaction ID : 35433538**

Amount of Each Receipt this Period **400.00**

**c. Dr Douglas C Rienks**  
Full Name (Last, First, Middle Initial)

Mailing Address 7740 Sw 13Th Street

City Lincoln State NE Zip Code 68523-9056

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **10 / 19 / 2012**

**Transaction ID : 35433539**

Amount of Each Receipt this Period **300.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr Sharon K Tharp**  
Full Name (Last, First, Middle Initial)

Mailing Address 4014 Country Club Blvd

City State Zip Code  
Sioux City IA 51104-1306

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
10 / 19 / 2012  
Transaction ID : 35433544

Amount of Each Receipt this Period  
200.00

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

Mailing Address 16258 Craig Ave

City State Zip Code  
Bennington NE 68007-1885

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
299.97

Date of Receipt  
10 / 19 / 2012  
Transaction ID : 35433545

Amount of Each Receipt this Period  
99.99

**C. Dr Christopher S Wolfe**  
Full Name (Last, First, Middle Initial)

Mailing Address 6515 S 157Th St

City State Zip Code  
Omaha NE 68135-5314

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
10 / 19 / 2012  
Transaction ID : 35433552

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 699.99

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr Steven S Wolfe</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 <b>Transaction ID : 35433553</b>
Mailing Address 15324 Weber St		Amount of Each Receipt this Period 400.00
City Bennington	State NE	Zip Code 68007-1407
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Darren J Wright</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2012 <b>Transaction ID : 35433554</b>
Mailing Address 1702 M St		Amount of Each Receipt this Period 83.33
City Auburn	State NE	Zip Code 68305-2146
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.33	

Full Name (Last, First, Middle Initial) <b>C. Dr Dori M Carlson</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 24 / 2012 <b>Transaction ID : 35435451</b>
Mailing Address 121 Briggs Ave N		Amount of Each Receipt this Period 163.64
City Park River	State ND	Zip Code 58270-4507
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1636.40	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	646.97
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 26 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr Steven Thomas Reed**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4550 Simpson Highway 28 W  
 City State Zip Code  
 Magee MS 39111-5187  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2012  
**Transaction ID : 35435452**  
 Amount of Each Receipt this Period  
 900.00

**B. Dr Jacqueline M Bowen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3930 W 19Th Street Ln  
 City State Zip Code  
 Greeley CO 80634-3446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2012  
**Transaction ID : 35435454**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr Robert E Prouty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8886 N Awl Rd  
 City State Zip Code  
 Parker CO 80138-6840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2012  
**Transaction ID : 35435459**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address Po Box 614

City Blythewood State SC Zip Code 29016-0614

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **866.72**

Date of Receipt **10 / 24 / 2012**

**Transaction ID : 35435461**

Amount of Each Receipt this Period **100.00**

Full Name (Last, First, Middle Initial)  
**B. Dr Rebecca L Eiss**

Mailing Address 940 Quaker Ln Apt 209

City E Greenwich State RI Zip Code 02818-5004

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **10 / 24 / 2012**

**Transaction ID : 35435463**

Amount of Each Receipt this Period **300.00**

Full Name (Last, First, Middle Initial)  
**C. Dr Martin J Sikorski**

Mailing Address 1912 E York Ln

City Wheaton State IL Zip Code 60187-5816

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 23 / 2012**

**Transaction ID : 35445129**

Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **900.00**

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

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

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

FOR LINE NUMBER: PAGE 28 OF 174  
(check only one)

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

**A. Dr Michael V Johnston**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1805 W Park St  
City Harlan State IA Zip Code 51537-1247  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 10 / 23 / 2012  
**Transaction ID : 35445130**  
Amount of Each Receipt this Period 250.00

**B. Dr Michael J Mc Kinney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1416 Kitsap Lake Rd Nw  
City Bremerton State WA Zip Code 98312-8819  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 10 / 23 / 2012  
**Transaction ID : 35445131**  
Amount of Each Receipt this Period 250.00

**C. Dr Suzanne D Scott**  
Full Name (Last, First, Middle Initial)  
Mailing Address 405 Se Derby St  
City Pullman State WA Zip Code 99163-2221  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 10 / 23 / 2012  
**Transaction ID : 35445132**  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... **1000.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Landon J Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 Ne 60Th St

City Seattle State WA Zip Code 98115-6522

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2012  
**Transaction ID : 35445135**

Amount of Each Receipt this Period 500.00

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

Mailing Address 427 Cranberry Ln

City Crozet State VA Zip Code 22932-3160

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 25 / 2012  
**Transaction ID : 35453062**

Amount of Each Receipt this Period 50.00

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

Mailing Address 7728 Mid Cities Blvd

City N Richlnd Hls State TX Zip Code 76180-4621

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 909.10

Date of Receipt 10 / 25 / 2012  
**Transaction ID : 35453064**

Amount of Each Receipt this Period 90.91

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 640.91

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 504 Edgelake Dr

City Dallas State TX Zip Code 75218-2111

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1090.00

Date of Receipt 10 / 25 / 2012  
**Transaction ID : 35453065**

Amount of Each Receipt this Period 109.00

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

Mailing Address 2570 Northshore Blvd Ste 200

City Flower Mound State TX Zip Code 75028-8386

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 25 / 2012  
**Transaction ID : 35453066**

Amount of Each Receipt this Period 84.00

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

Mailing Address 4324 Green Point Dr

City Waco State TX Zip Code 76710-1406

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 909.10

Date of Receipt 10 / 25 / 2012  
**Transaction ID : 35453067**

Amount of Each Receipt this Period 90.91

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 OF 174 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr Ashley K Mc Ferron</b>	Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2012 <b>Transaction ID : 35453068</b>					
Mailing Address 5079 W Sunset Dr	Amount of Each Receipt this Period 41.67					
<table style="width: 100%;"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Lake Oswego</td> <td>OR</td> <td>97035-4253</td> </tr> </table>		City	State	Zip Code	Lake Oswego	OR
City	State	Zip Code				
Lake Oswego	OR	97035-4253				
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 416.70					
Name of Employer Self Employed		Occupation Doctor of Optometry				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

Full Name (Last, First, Middle Initial) <b>B. Dr Charles K Atwell</b>	Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2012 <b>Transaction ID : 35453069</b>					
Mailing Address 238 Chasse Cir	Amount of Each Receipt this Period 42.00					
<table style="width: 100%;"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>St Charles</td> <td>IL</td> <td>60174-1418</td> </tr> </table>		City	State	Zip Code	St Charles	IL
City	State	Zip Code				
St Charles	IL	60174-1418				
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 420.00					
Name of Employer Self Employed		Occupation Doctor of Optometry				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

Full Name (Last, First, Middle Initial) <b>C. Dr Christopher L Eddy</b>	Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2012 <b>Transaction ID : 35453070</b>					
Mailing Address 6306 Buchanan St	Amount of Each Receipt this Period 84.00					
<table style="width: 100%;"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Fort Collins</td> <td>CO</td> <td>80525-5810</td> </tr> </table>		City	State	Zip Code	Fort Collins	CO
City	State	Zip Code				
Fort Collins	CO	80525-5810				
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 832.00					
Name of Employer Self Employed		Occupation Doctor of Optometry				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

<b>SUBTOTAL</b> of Receipts This Page (optional).....	167.67
<b>TOTAL</b> This Period (last page this line number only).....	(Empty field)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1425 Evergreen Dr

City Twin Falls State ID Zip Code 83301-3423

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **373.31**

Date of Receipt  
10 / 25 / 2012  
**Transaction ID : 35453071**

Amount of Each Receipt this Period  
**53.33**

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

Mailing Address 795 Foxhill Cir

City Hollister State CA Zip Code 95023-9747

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **291.69**

Date of Receipt  
10 / 25 / 2012  
**Transaction ID : 35453072**

Amount of Each Receipt this Period  
**41.67**

**C. Mr Jonathan F Hymes**  
Full Name (Last, First, Middle Initial)

Mailing Address 1505 Prince Street Suite 300

City Alexandria State VA Zip Code 22314-2874

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

Name of Employer American Optometric Association  
Occupation Washington Office Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
10 / 25 / 2012  
**Transaction ID : 35453073**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>195.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 33 OF 174  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. Dr Steven K Brownmiller**

Mailing Address 1004 Ridge Rd

City State Zip Code  
Denison IA 51442-1124

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
10 / 25 / 2012  
**Transaction ID : 35453074**

Amount of Each Receipt this Period  
125.00

Full Name (Last, First, Middle Initial)  
**B. Dr Robert L Owens**

Mailing Address 8 Century Ln

City State Zip Code  
Newmanstown PA 17073-8982

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
10 / 25 / 2012  
**Transaction ID : 35453077**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 405 Tirrell Rd

City State Zip Code  
Charlotte MI 48813-2131

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
433.32

Date of Receipt  
10 / 25 / 2012  
**Transaction ID : 35453078**

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional)..... ► 258.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr Mamie Cassandra Chan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13713 Vic Rd Ne  
 City Albuquerque State NM Zip Code 87112-6602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2012  
**Transaction ID : 35453081**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr Beth A Kneib**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 602 Nw 163Rd St  
 City Shoreline State WA Zip Code 98177-3727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2012  
**Transaction ID : 35453085**  
 Amount of Each Receipt this Period  
 41.67

**C. Dr Richard L Talkington**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 521  
 City Franklin State NH Zip Code 03235-0521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2012  
**Transaction ID : 35456584**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	191.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 35 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 612 University Ave

City State Zip Code  
 Syracuse NY 13210-1807

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2012

**Transaction ID : 35456585**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 10748 Sprucedale Ave

City State Zip Code  
 Las Vegas NV 89144-4401

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2012

**Transaction ID : 35456587**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Dr Tonia Batts**

Mailing Address 285 Bockman Rd

City State Zip Code  
 Fulton KY 42041-6537

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 276.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2012

**Transaction ID : 35456589**

Amount of Each Receipt this Period  
 92.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 242.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 174
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr Audie M Teague Jr</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012 <b>Transaction ID : 35456590</b>
Mailing Address 105 Friar Tuck Ln		Amount of Each Receipt this Period 84.00
City Prescott	State AR	Zip Code 71857-2608
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>B. Dr C. Thomas Crooks III</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012 <b>Transaction ID : 35465226</b>
Mailing Address 1229 Highland Lakes Trl		Amount of Each Receipt this Period 50.00
City Birmingham	State AL	Zip Code 35242-6886
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr Thomas E Nye</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012 <b>Transaction ID : 35465227</b>
Mailing Address 42 Tabor Ln		Amount of Each Receipt this Period 100.00
City Hamilton	State OH	Zip Code 45013-5118
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	234.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr Maryjane Healey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6710 124Th Pl Se  
City Snohomish State WA Zip Code 98296-8649  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed  
Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2012  
**Transaction ID : 35465228**  
Amount of Each Receipt this Period  
200.00

**B. Dr Kevin L Gee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9119 Highway 6 Ste 200  
City Missouri City State TX Zip Code 77459-4876  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed  
Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 909.10

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 28 / 2012  
**Transaction ID : 35465263**  
Amount of Each Receipt this Period  
90.91

**C. Dr Lillian T Kalaczinski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7421 Treeline Dr Se  
City Grand Rapids State MI Zip Code 49546-7465  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed  
Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 28 / 2012  
**Transaction ID : 35465264**  
Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	315.91
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr Sue E Lowe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1704 Skyline Rd  
 City Laramie State WY Zip Code 82070-8932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1666.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2012  
**Transaction ID : 35465265**  
 Amount of Each Receipt this Period  
 166.67

**B. Dr Erica V Lukasko**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 119 Constitution Dr  
 City Lafayette State LA Zip Code 70503-6323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2012  
**Transaction ID : 35465266**  
 Amount of Each Receipt this Period  
 25.00

**C. Dr Ron Benner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1408 E Maryland Ln  
 City Laurel State MT Zip Code 59044-2238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1666.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2012  
**Transaction ID : 35465267**  
 Amount of Each Receipt this Period  
 166.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 21 Fairway Village Ln

City Isle Of Palms State SC Zip Code 29451-2732

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 28 / 2012**

**Transaction ID : 35465268**

Amount of Each Receipt this Period  
**41.67**

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

Mailing Address 141 Sea Cotton Cir

City Charleston State SC Zip Code 29412-8296

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 28 / 2012**

**Transaction ID : 35465269**

Amount of Each Receipt this Period  
**41.67**

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

Mailing Address 3120 Brookford Dr

City Saint Charles State MO Zip Code 63303-6356

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**10 / 28 / 2012**

**Transaction ID : 35465271**

Amount of Each Receipt this Period  
**50.00**

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

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

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

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

FOR LINE NUMBER: PAGE 40 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr Thomas J Landry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Greenridge Dr  
 City Painted Post State NY Zip Code 14870-9388  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2012  
**Transaction ID : 35465272**  
 Amount of Each Receipt this Period  
**50.00**

**B. Dr Trevor J Cleveland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1610 Wilson Ct  
 City Eugene State OR Zip Code 97402-3361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2012  
**Transaction ID : 35465273**  
 Amount of Each Receipt this Period  
**50.00**

**C. Dr Lanny F Duclos Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3795 Sun Valley Dr  
 City Grantsville State UT Zip Code 84029-8512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2012  
**Transaction ID : 35465274**  
 Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**  
**TOTAL** This Period (last page this line number only).....



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

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

FOR LINE NUMBER: PAGE 41 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 530 10Th St

City State Zip Code  
 Huntington WV 25701-2222

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2012

**Transaction ID : 35465275**

Amount of Each Receipt this Period  
 420.00

Full Name (Last, First, Middle Initial)  
**B. Dr Timothy A Stafford**

Mailing Address 1012 Julius Richardson Rd

City State Zip Code  
 Irmo SC 29063-9740

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2012

**Transaction ID : 35465276**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Dr Peter H Kehoe**

Mailing Address 789 N Broad St

City State Zip Code  
 Galesburg IL 61401-2766

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2012

**Transaction ID : 35465279**

Amount of Each Receipt this Period  
 175.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 717.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Lynn A Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 6546 Jacal Ct Nw

City Albuquerque State NM Zip Code 87114-6120

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **833.40**

Date of Receipt **10 / 28 / 2012**

**Transaction ID : 35465280**

Amount of Each Receipt this Period **83.34**

**B. Dr Dean E Riskedahl**  
Full Name (Last, First, Middle Initial)

Mailing Address 2092 32Nd Ave Ne

City Issaquah State WA Zip Code 98029-7349

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **10 / 28 / 2012**

**Transaction ID : 35465283**

Amount of Each Receipt this Period **25.00**

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

Mailing Address 47 Mast Hill Rd

City Saco State ME Zip Code 04072-9338

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **462.68**

Date of Receipt **10 / 28 / 2012**

**Transaction ID : 35465284**

Amount of Each Receipt this Period **37.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>145.34</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr Andrea P Thau</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2012 <b>Transaction ID : 35465285</b>
Mailing Address 145 E 84Th St Apt 11A		Amount of Each Receipt this Period 166.67
City New York	State NY	Zip Code 10028-2058
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.70	

Full Name (Last, First, Middle Initial) <b>B. Dr Donald J Higgins</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2012 <b>Transaction ID : 35465286</b>
Mailing Address 5 Belgravia Ter		Amount of Each Receipt this Period 500.00
City Farmington	State CT	Zip Code 06032-1550
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr Paul W Bohac</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2012 <b>Transaction ID : 35465288</b>
Mailing Address 5775 Wynclyff Rd		Amount of Each Receipt this Period 33.34
City N Charleston	State SC	Zip Code 29418-5220
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.40	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 44 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr Douglas J Walker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 988  
 City State Zip Code  
 Brookings OR 97415-0021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2012  
**Transaction ID : 35465289**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr David K Masihdas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6695 Old Mill Cir  
 City State Zip Code  
 Salt Lake Cty UT 84121-6919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 730.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2012  
**Transaction ID : 35465290**  
 Amount of Each Receipt this Period  
 365.00

**C. Dr Michael J Veliky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 787 Pony Trail  
 City State Zip Code  
 Franklin Lakes NJ 07417-1549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2012  
**Transaction ID : 35465291**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 440.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Michelle A Broderick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Broad Sound Ln  
 City Freeport State ME Zip Code 04032-6297  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2012  
**Transaction ID : 35465292**  
 Amount of Each Receipt this Period  
 32.00

**B. Dr Blaine A Littlefield**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 Wilderness Dr  
 City Freeport State ME Zip Code 04032-5824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2012  
**Transaction ID : 35465293**  
 Amount of Each Receipt this Period  
 33.00

**C. Dr Alan Joseph Mathieu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 132  
 City Raymond State ME Zip Code 04071-0132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2012  
**Transaction ID : 35465294**  
 Amount of Each Receipt this Period  
 32.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	97.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 OF 174
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr Todd M Hamilton</b>		Date of Receipt
Mailing Address 278 Falmouth Rd		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City State Zip Code Windham ME 04062-4815		<b>Transaction ID : 35465295</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="320.00"/>
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="320.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Dr Thomas A Lucas Jr</b>		Date of Receipt
Mailing Address 2023 Sandy Point Rd		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City State Zip Code Harker Hts TX 76548-8680		<b>Transaction ID : 35465296</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="200.00"/>
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Dr Kathleen E Goff</b>		Date of Receipt
Mailing Address 114 Crested Peak Ct		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City State Zip Code Santa Teresa NM 88008-9423		<b>Transaction ID : 35465297</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="83.34"/>
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="836.42"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="315.34"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 8913 Griffin Way

City Baltimore State MD Zip Code 21208-1424

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **819.00**

Date of Receipt **10 / 28 / 2012**

**Transaction ID : 35465298**

Amount of Each Receipt this Period **91.00**

**B. Dr Carey A Patrick**  
Full Name (Last, First, Middle Initial)

Mailing Address 970 Patrician Ct

City Fairview State TX Zip Code 75069-8781

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **10 / 28 / 2012**

**Transaction ID : 35465300**

Amount of Each Receipt this Period **100.00**

**C. Dr Derek J Louie**  
Full Name (Last, First, Middle Initial)

Mailing Address 5079 W Sunset Drive

City Lake Oswego State OR Zip Code 97035-4253

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **10 / 28 / 2012**

**Transaction ID : 35465301**

Amount of Each Receipt this Period **42.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **233.00**

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

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

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

FOR LINE NUMBER: PAGE 48 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr Steven Leon Haleo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 458 Cranborne Chase  
 City State Zip Code  
 Fort Mill SC 29708-7922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2012  
**Transaction ID : 35465308**  
 Amount of Each Receipt this Period  
 30.42

**B. Dr Michael E Bennett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4940 Victoria Pl  
 City State Zip Code  
 Guthrie OK 73044-8668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1666.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2012  
**Transaction ID : 35465309**  
 Amount of Each Receipt this Period  
 166.67

**C. Dr Hilaire A Pressley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8635 W Sahara Ave  
 Pmb 443  
 City State Zip Code  
 Las Vegas NV 89117-5858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2012  
**Transaction ID : 35465310**  
 Amount of Each Receipt this Period  
 60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 257.09  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr James Dylan Vaught</b>		Date of Receipt
Mailing Address 1305 Collins St		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Conway	SC	29526-3624
FEC ID number of contributing federal political committee.		Transaction ID : <b>35465678</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Self Employed	Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Taya M Patzman</b>		Date of Receipt
Mailing Address 1320 Crestview Ln		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bismarck	ND	58501-3048
FEC ID number of contributing federal political committee.		Transaction ID : <b>35466788</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="125.00"/>
Name of Employer	Occupation	
Self Employed	Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="375.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr Barbara A Scheetz</b>		Date of Receipt
Mailing Address 28926 360Th St		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Van Meter	IA	50261-6015
FEC ID number of contributing federal political committee.		Transaction ID : <b>35468015</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Self Employed	Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="650.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 174
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr Ioanis Panagiotopoulos</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2012 <b>Transaction ID : 35470153</b>
Mailing Address 124 Stevens St Apt 6		Amount of Each Receipt this Period 125.00
City Lowell	State MA	Zip Code 01851-1756
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Dr John C Mullins</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2012 <b>Transaction ID : 35470155</b>
Mailing Address 599 Buckhead		Amount of Each Receipt this Period 250.00
City Avon Lake	State OH	Zip Code 44012-2364
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr Alden N Haffner</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2012 <b>Transaction ID : 35470159</b>
Mailing Address 201 E 36Th St Apt 6F		Amount of Each Receipt this Period 125.00
City New York	State NY	Zip Code 10016-3607
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

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



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

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

FOR LINE NUMBER: PAGE 53 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Dr Lisa Marie Lorenzo**

Mailing Address 107 Bethany Dr

City State Zip Code  
 Mc Murray PA 15317-2909

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2012

**Transaction ID : 35470172**

Amount of Each Receipt this Period  
 125.00

Full Name (Last, First, Middle Initial)  
**B. Dr Margaret Placen Johnston**

Mailing Address 7405 Old Dominion Dr

City State Zip Code  
 Mc Lean VA 22101-2723

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2012

**Transaction ID : 35470174**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Dr Phillip Arnold Kades**

Mailing Address 797 Diandrea Dr

City State Zip Code  
 Akron OH 44333-2980

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2012

**Transaction ID : 35470178**

Amount of Each Receipt this Period  
 125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr Arabel E Hatfield</b>		Date of Receipt 10 / 31 / 2012 <b>Transaction ID : 35470187</b>
Mailing Address 125 River Rd		Amount of Each Receipt this Period 250.00
City Logan	State WV	Zip Code 25601-4045
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr John Bonsett-Veal</b>		Date of Receipt 10 / 31 / 2012 <b>Transaction ID : 35470195</b>
Mailing Address 357 N Main St		Amount of Each Receipt this Period 250.00
City Oregon	State WI	Zip Code 53575-1425
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr J. Eric Paulsen</b>		Date of Receipt 10 / 31 / 2012 <b>Transaction ID : 35470197</b>
Mailing Address 1801 Memorial Dr		Amount of Each Receipt this Period 500.00
City Sturgeon Bay	State WI	Zip Code 54235-1064
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Jack N Shorr**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5541 Bounty Cir  
City Tavares State FL Zip Code 32778-9288  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed  
Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **273.75**

Date of Receipt **10 / 31 / 2012**  
**Transaction ID : 35470198**  
Amount of Each Receipt this Period **91.25**

**B. Dr Kathleen E Powell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9710 Copper Dr  
City Anchorage State AK Zip Code 99507-1226  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed  
Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **935.00**

Date of Receipt **11 / 03 / 2012**  
**Transaction ID : 35470364**  
Amount of Each Receipt this Period **85.00**

**c. Dr Philip J Gross**  
Full Name (Last, First, Middle Initial)  
Mailing Address 46 Wintergreen Way  
City Magnolia State DE Zip Code 19962-1474  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed  
Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 03 / 2012**  
**Transaction ID : 35470365**  
Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **226.25**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 56 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr Robert L Jarrell III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Cedar Hill Rd Ne  
 City Albuquerque State NM Zip Code 87122-1928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1833.37

Date of Receipt 11 / 03 / 2012  
**Transaction ID : 35470366**  
 Amount of Each Receipt this Period 166.67

**B. Dr George W Hertneky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16862 County Road 28  
 City Brush State CO Zip Code 80723-9424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 03 / 2012  
**Transaction ID : 35470367**  
 Amount of Each Receipt this Period 50.00

**C. Dr Jon Frederick Pederson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1025 Milwaukee St  
 City Denver State CO Zip Code 80206-3337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 04 / 2012  
**Transaction ID : 35470411**  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 266.67  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 174
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr Harvey B Richman**  
Full Name (Last, First, Middle Initial)

Mailing Address 136 Main St

City Manasquan State NJ Zip Code 08736-3558

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **458.37**

Date of Receipt **11 / 04 / 2012**

**Transaction ID : 35470412**

Amount of Each Receipt this Period **41.67**

**B. Dr Samuel D Pierce**  
Full Name (Last, First, Middle Initial)

Mailing Address 2679 Vesclub Cir

City Vestavia State AL Zip Code 35216-1356

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **11 / 04 / 2012**

**Transaction ID : 35470413**

Amount of Each Receipt this Period **500.00**

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

Mailing Address 1702 Royal Dr

City Las Cruces State NM Zip Code 88011-4926

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **11 / 05 / 2012**

**Transaction ID : 35470431**

Amount of Each Receipt this Period **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **566.67**

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

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

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

FOR LINE NUMBER: PAGE 58 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr Gregory Eugene Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 804 Woodland Dr  
 City Maysville State KY Zip Code 41056-9604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012  
**Transaction ID : 35470432**  
 Amount of Each Receipt this Period  
 125.00

**B. Dr Clarke D Newman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7700 Greenway Blvd Apt A4  
 City Dallas State TX Zip Code 75209-7324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012  
**Transaction ID : 35470433**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Robert Lee D'Orazio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1611 Kiva Dr  
 City Gallup State NM Zip Code 87301-5767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : 35472067**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 174
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr Eugene D Cropp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 708 Cabrillo Dr  
 City Verona State WI Zip Code 53593-8236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : 35472069**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr Barbara Joan Tarbell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Stark Ct  
 City Ringoes State NJ Zip Code 08551-1800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : 35472070**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr David H Foster**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 Meadowlark Rd  
 City Reading State PA Zip Code 19606-9442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : 35472072**  
 Amount of Each Receipt this Period  
 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	475.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 60 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Dr Matthew J Hurst**

Mailing Address 2066 Scenic View Rd Sw

City State Zip Code  
 New Philadelphia OH 44663-9609

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : 35472077**

Amount of Each Receipt this Period  
 125.00

Full Name (Last, First, Middle Initial)  
**B. Dr Michael C Mc Grath**

Mailing Address 31553 W 10 Mile Rd

City State Zip Code  
 Farmington MI 48336-2503

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : 35472079**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Dr Stephen P Steinmetz**

Mailing Address 844 Woodbine Ct

City State Zip Code  
 Naperville IL 60540-8217

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : 35472080**

Amount of Each Receipt this Period  
 125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00

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

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

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

FOR LINE NUMBER: PAGE 61 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Dr Anne Huyen Le**

Mailing Address 137 N Hall Dr

City State Zip Code  
 Sugar Land TX 77478-3861

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : 35472084**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Dr Edward Todd Jacobs**

Mailing Address 113 Stratton Pl

City State Zip Code  
 Mt Sterling KY 40353-9372

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : 35472092**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Dr Robert Alan Connors**

Mailing Address 74 Old Farms Rd

City State Zip Code  
 Avon CT 06001-4229

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : 35472094**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr William M Crow**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 63

City Windsor State MO Zip Code 65360-0063

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **11 / 02 / 2012**

**Transaction ID : 35472106**

Amount of Each Receipt this Period **100.00**

**B. Dr Judith Lynn Schaffer**  
Full Name (Last, First, Middle Initial)

Mailing Address 1744 N Federal Hwy

City Ft Lauderdale State FL Zip Code 33305-2543

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **11 / 02 / 2012**

**Transaction ID : 35472108**

Amount of Each Receipt this Period **100.00**

**C. Dr Michael W Geiger**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 8Th St

City Snyder State OK Zip Code 73566-2008

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 02 / 2012**

**Transaction ID : 35472111**

Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **450.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Marla L Moon**  
Full Name (Last, First, Middle Initial)

Mailing Address 905 Walnut Spring Ln

City State Zip Code  
State College PA 16801-6856

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2012  
**Transaction ID : 35472112**

Amount of Each Receipt this Period  
125.00

**B. Dr John F Hawley**  
Full Name (Last, First, Middle Initial)

Mailing Address 1513 Pollen Crest Ct

City State Zip Code  
Bakersfield CA 93314-8513

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2012  
**Transaction ID : 35472119**

Amount of Each Receipt this Period  
250.00

**C. Dr Kurt L Ebersole**  
Full Name (Last, First, Middle Initial)

Mailing Address 2108 S Main St

City State Zip Code  
Findlay OH 45840-1236

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2012  
**Transaction ID : 35472120**

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 64 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr James A Ferrell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1411 Weatherly Plz Se  
 City Huntsville State AL Zip Code 35803-2617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : 35472123**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr Richard A Frio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7646 Windsor Dr N  
 City N Syracuse State NY Zip Code 13212-1017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : 35472124**  
 Amount of Each Receipt this Period  
 200.00

**C. Dr Richard A Frio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7646 Windsor Dr N  
 City N Syracuse State NY Zip Code 13212-1017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : 35472125**  
 Amount of Each Receipt this Period  
 150.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Tina Nguyen Burr**  
Full Name (Last, First, Middle Initial)

Mailing Address 3882 Waythorn Pl

City State Zip Code  
Fairfax VA 22033-2444

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 02 / 2012  
**Transaction ID : 35472129**

Amount of Each Receipt this Period  
250.00

**B. Dr Robert Brian Macneil**  
Full Name (Last, First, Middle Initial)

Mailing Address 73 Cooney Rd

City State Zip Code  
Pomfret Ctr CT 06259-2200

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 02 / 2012  
**Transaction ID : 35472130**

Amount of Each Receipt this Period  
365.00

**c. Dr John D Coble**  
Full Name (Last, First, Middle Initial)

Mailing Address 1501 Sunset Hill Dr

City State Zip Code  
Rockwall TX 75087-3216

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
916.85

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 06 / 2012  
**Transaction ID : 35476982**

Amount of Each Receipt this Period  
83.35

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	698.35
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 174
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr Andrew Ray Adamich</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2012 <b>Transaction ID : 35476983</b>
Mailing Address Po Box 711		Amount of Each Receipt this Period 50.00
City Gunnison	State CO	Zip Code 81230-0711
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Jason A Ricks</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2012 <b>Transaction ID : 35476985</b>
Mailing Address 108 Agate Dr		Amount of Each Receipt this Period 30.42
City Lewistown	State MT	Zip Code 59457-3202
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.10	

Full Name (Last, First, Middle Initial) <b>C. Dr Paul D Batson</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2012 <b>Transaction ID : 35482547</b>
Mailing Address 5323 Whisper Wood Dr		Amount of Each Receipt this Period 50.00
City Birmingham	State AL	Zip Code 35226-1092
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.42
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 174
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr Jeremy M Durham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1233 N Seasons Ct  
 City Goddard State KS Zip Code 67052-8534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2012  
**Transaction ID : 35482548**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr Adam P Parker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10800 Rimbey Ct  
 City Glen Allen State VA Zip Code 23060-6481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 08 / 2012  
**Transaction ID : 35490943**  
 Amount of Each Receipt this Period  
 30.00

**C. Dr Rebecca H Wartman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 46 Lambeth Walk  
 City Fairview State NC Zip Code 28730-7721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 08 / 2012  
**Transaction ID : 35490944**  
 Amount of Each Receipt this Period  
 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Terry L Kirkland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4414 Barbados  
 City State Zip Code  
 Wichita Falls TX 76308-4036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2012  
**Transaction ID : 35490945**  
 Amount of Each Receipt this Period  
 25.00

**B. Dr Robert P Nyre**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2505 10Th Ave Nw  
 City State Zip Code  
 Minot ND 58703-1754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2012  
**Transaction ID : 35490946**  
 Amount of Each Receipt this Period  
 40.00

**C. Dr Dawn Marie Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3004 E Lake Hill Dr  
 City State Zip Code  
 Orange CA 92867-1910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2012  
**Transaction ID : 35490947**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Dr William Thomas Reynolds Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 La Rose Ct

City Richmond State KY Zip Code 40475-7855

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1809.56

Date of Receipt 11 / 08 / 2012  
**Transaction ID : 35490948**

Amount of Each Receipt this Period 190.48

**B. Dr Geoffrey W Goodfellow**  
Full Name (Last, First, Middle Initial)

Mailing Address 260 Aspen Dr

City Beecher State IL Zip Code 60401-5123

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 08 / 2012  
**Transaction ID : 35490949**

Amount of Each Receipt this Period 25.00

**c. Dr April L Jasper**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 2375

City West Palm Bch State FL Zip Code 33402-2375

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 08 / 2012  
**Transaction ID : 35490954**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 715.48

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr Maurice Jose Lyn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 638 Clanton Market Pl  
 City Clanton State AL Zip Code 35045-2246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 225.00

Date of Receipt 11 / 07 / 2012  
**Transaction ID : 35490964**  
 Amount of Each Receipt this Period 100.00

**B. Dr Michael D Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3716 Holiday Dr Se  
 City Olympia State WA Zip Code 98501-4261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 350.00

Date of Receipt 11 / 07 / 2012  
**Transaction ID : 35490969**  
 Amount of Each Receipt this Period 350.00

**C. Dr Norman Robert Spivy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8492 E 29Th Pl  
 City Denver State CO Zip Code 80238-2725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 225.00

Date of Receipt 11 / 07 / 2012  
**Transaction ID : 35490970**  
 Amount of Each Receipt this Period 100.00

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





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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr Kimberly Wells Nordin</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2012 <b>Transaction ID : 35490977</b>
Mailing Address 524 Jasper Ln		Amount of Each Receipt this Period 250.00
City Paintsville	State KY	Zip Code 41240-9338
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Donald B Rhodes</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2012 <b>Transaction ID : 35490978</b>
Mailing Address 21833 Beryl Dr		Amount of Each Receipt this Period 250.00
City Palo Cedro	State CA	Zip Code 96073-9728
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr Mark J Cook</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2012 <b>Transaction ID : 35490979</b>
Mailing Address 5698 Mountain Rd		Amount of Each Receipt this Period 125.00
City Brighton	State MI	Zip Code 48116-9732
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr Harry Robert Denison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 Newman Place  
 City Hot Springs State AR Zip Code 71913-9580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **11 / 07 / 2012**  
**Transaction ID : 35490980**  
 Amount of Each Receipt this Period **100.00**

**B. Dr David K May**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 Spahn Dr  
 City Waunakee State WI Zip Code 53597-1918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 07 / 2012**  
**Transaction ID : 35490983**  
 Amount of Each Receipt this Period **250.00**

**C. Dr Douglas Gerard Herriott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 980 Nw High Point Dr  
 City Lees Summit State MO Zip Code 64081-1986  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 07 / 2012**  
**Transaction ID : 35490986**  
 Amount of Each Receipt this Period **1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1350.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 75 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr James A Richardson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2401 W 39Th St  
 City Casper State WY Zip Code 82604-5052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2012  
**Transaction ID : 35490987**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr Michael Stuart Nason**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7433 Prescott Ln  
 City Lake Worth State FL Zip Code 33467-7849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2012  
**Transaction ID : 35490988**  
 Amount of Each Receipt this Period  
 125.00

**C. Dr Randall T Parrish Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3555 County Road 78  
 City Fort Denaud State FL Zip Code 33935-6370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2012  
**Transaction ID : 35490990**  
 Amount of Each Receipt this Period  
 125.00

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

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

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

FOR LINE NUMBER: PAGE 76 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr Jack Sol Mermelstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38-63 Dauria Dr  
 City State Zip Code  
 Fair Lawn NJ 07410-5104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2012  
**Transaction ID : 35491014**  
 Amount of Each Receipt this Period  
 125.00

**B. Dr Robert Sholomon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 269 Walton St  
 City State Zip Code  
 Englewood NJ 07631-5016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2012  
**Transaction ID : 35491015**  
 Amount of Each Receipt this Period  
 125.00

**C. Dr Harryjohn Panaretos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 213 Larch Lane  
 City State Zip Code  
 Mahwah NJ 07430-2071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2012  
**Transaction ID : 35491016**  
 Amount of Each Receipt this Period  
 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Azadeh Razmandi**  
Full Name (Last, First, Middle Initial)

Mailing Address 2151 Route 38  
Apt 908

City Cherry Hill State NJ Zip Code 08002-4233

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
11 / 07 / 2012  
**Transaction ID : 35491017**

Amount of Each Receipt this Period  
125.00

**B. Dr Laurel J Pulsifer**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 3086

City North Conway State NH Zip Code 03860-3086

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
11 / 07 / 2012  
**Transaction ID : 35491019**

Amount of Each Receipt this Period  
125.00

**C. Dr John M Dovie**  
Full Name (Last, First, Middle Initial)

Mailing Address 500 Wildflower Ln

City Blacksburg State VA Zip Code 24060-1838

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
11 / 07 / 2012  
**Transaction ID : 35491020**

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 174
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr Scott D Forester**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17112 Hawks Ridge Ln  
City Edmond State OK Zip Code 73012-8400  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed  
Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 07 / 2012  
**Transaction ID : 35491021**  
Amount of Each Receipt this Period  
250.00

**B. Dr Lori A Mazza**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1951 Richard Ln  
City West Palm Bch State FL Zip Code 33406-6532  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed  
Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 07 / 2012  
**Transaction ID : 35491022**  
Amount of Each Receipt this Period  
250.00

**C. Dr Richard I Presley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5312 W 41St St  
City Tulsa State OK Zip Code 74107-6110  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed  
Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2012  
**Transaction ID : 35491460**  
Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Kelly C Barnes**  
Full Name (Last, First, Middle Initial)

Mailing Address 10110 Green Level Church Rd  
Ste 102

City Cary State NC Zip Code 27519-8155

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
11 / 06 / 2012  
**Transaction ID : 35491462**

Amount of Each Receipt this Period  
125.00

**B. Dr Tommy J Ducklo**  
Full Name (Last, First, Middle Initial)

Mailing Address 3504B Amanda Ave

City Nashville State TN Zip Code 37215-2102

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
11 / 06 / 2012  
**Transaction ID : 35491464**

Amount of Each Receipt this Period  
250.00

**C. Dr Laura Camille DePoe**  
Full Name (Last, First, Middle Initial)

Mailing Address 2794 Emerald Dr

City Jonesboro State GA Zip Code 30236-5302

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
11 / 06 / 2012  
**Transaction ID : 35491466**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Dr Robert Vernon Glaze Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5097 165Th PI Se  
 City Bellevue State WA Zip Code 98006-5511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2012  
**Transaction ID : 35491468**  
 Amount of Each Receipt this Period  
 150.00

**B. Dr Daniel G Bantz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Country Place Dr  
 City Elk City State OK Zip Code 73644-1452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2012  
**Transaction ID : 35491469**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr Gifford Mc Bride**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3005 Parklawn Dr  
 City Midwest City State OK Zip Code 73110-3944  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2012  
**Transaction ID : 35491471**  
 Amount of Each Receipt this Period  
 125.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 81 OF 174
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr Jen F Weigel**  
Full Name (Last, First, Middle Initial)

Mailing Address 4303 Bellavia Ln

City State Zip Code  
Fairfax VA 22030-4433

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2012  
**Transaction ID : 35491472**

Amount of Each Receipt this Period  
125.00

**B. Dr Paul L Kathrein**  
Full Name (Last, First, Middle Initial)

Mailing Address 427 Riverview Ct

City State Zip Code  
Great Falls MT 59404-3558

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2012  
**Transaction ID : 35491474**

Amount of Each Receipt this Period  
125.00

**C. Dr Mark Laton Bettencourt**  
Full Name (Last, First, Middle Initial)

Mailing Address 4469 Horizon Trl

City State Zip Code  
Wamego KS 66547-9262

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2012  
**Transaction ID : 35491475**

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 82 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Dr Denise M Harvey**

Mailing Address 25837 Pike 225

City State Zip Code  
 Eolia MO 63344-4501

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2012  
**Transaction ID : 35491476**

Amount of Each Receipt this Period  
 125.00

Full Name (Last, First, Middle Initial)  
**B. Dr Cindy S Matteson**

Mailing Address 31344 Pike Pl

City State Zip Code  
 Union City CA 94587-2592

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2012  
**Transaction ID : 35491479**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Dr Jennifer Joy Malpass**

Mailing Address 2S942 Thorncrest Rd

City State Zip Code  
 Batavia IL 60510-9673

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2012  
**Transaction ID : 35491485**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00

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

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

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

FOR LINE NUMBER: PAGE 83 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr John R Mc Intyre**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13714 Three Fathoms Bank Dr  
 City State Zip Code  
 Crp Christi TX 78418-6351  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2012  
**Transaction ID : 35491487**  
 Amount of Each Receipt this Period  
 125.00

**B. Dr Paul Bryan Stauder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Victory Ln  
 City State Zip Code  
 Fairfield IL 62837-1363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 615.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2012  
**Transaction ID : 35491488**  
 Amount of Each Receipt this Period  
 365.00

**C. Dr Todd S Erickson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 408 Hilltop Ave  
 City State Zip Code  
 Kalispell MT 59901-2519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2012  
**Transaction ID : 35491489**  
 Amount of Each Receipt this Period  
 125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 615.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Nancy Coppic-Clark**  
Full Name (Last, First, Middle Initial)  
Mailing Address 214 Bailey Pl  
City Danville State VA Zip Code 24540-2122  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed  
Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **11 / 06 / 2012**  
**Transaction ID : 35491492**  
Amount of Each Receipt this Period **250.00**

**B. Dr Michael A Hattan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3501 Fairway Dr  
City Hays State KS Zip Code 67601-1546  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed  
Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 06 / 2012**  
**Transaction ID : 35491496**  
Amount of Each Receipt this Period **500.00**

**C. Dr Amanda S Trudeau**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2008 Winterpark Dr  
City Sallisaw State OK Zip Code 74955-7602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed  
Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **11 / 06 / 2012**  
**Transaction ID : 35491504**  
Amount of Each Receipt this Period **125.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>875.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Edward V Niemczyk**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Harvey Rd

City Cream Ridge State NJ Zip Code 08514-1607

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **11 / 06 / 2012**

**Transaction ID : 35491505**

Amount of Each Receipt this Period **125.00**

**B. Dr Richard K Driver**  
Full Name (Last, First, Middle Initial)

Mailing Address 306 E 6Th St

City Goodland State KS Zip Code 67735-1910

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **11 / 06 / 2012**

**Transaction ID : 35491507**

Amount of Each Receipt this Period **125.00**

**C. Dr Denise M Whittam**  
Full Name (Last, First, Middle Initial)

Mailing Address 6020 Palmetto St

City Ridgewood State NY Zip Code 11385-3241

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **11 / 06 / 2012**

**Transaction ID : 35491629**

Amount of Each Receipt this Period **125.00**

**SUBTOTAL** of Receipts This Page (optional)..... **375.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Michael G Blake**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 2859

City Gallup State NM Zip Code 87305-2859

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
11 / 06 / 2012  
**Transaction ID : 35491633**

Amount of Each Receipt this Period  
250.00

**B. Dr Dan A Stein**  
Full Name (Last, First, Middle Initial)

Mailing Address 25101 W Roycourt

City Huntington Woods State MI Zip Code 48070-1745

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
11 / 06 / 2012  
**Transaction ID : 35491636**

Amount of Each Receipt this Period  
125.00

**C. Dr Richard N Randolph**  
Full Name (Last, First, Middle Initial)

Mailing Address 1806 Nash St N

City Wilson State NC Zip Code 27893-1725

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
11 / 06 / 2012  
**Transaction ID : 35491637**

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 87 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr Jon A Skillman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3625 Treehaven Bnd  
 City Owensboro State KY Zip Code 42303-1785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2012  
**Transaction ID : 35491641**  
 Amount of Each Receipt this Period  
**250.00**

**B. Dr Dawn Hornberger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 247 E Penn Ave  
 City Wernersville State PA Zip Code 19565-1613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2012  
**Transaction ID : 35491645**  
 Amount of Each Receipt this Period  
**125.00**

**C. Dr Lila Goodwin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11550 Crossroads Circle Unit 341  
 City Middle River State MD Zip Code 21220-2967  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2012  
**Transaction ID : 35491648**  
 Amount of Each Receipt this Period  
**125.00**

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

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

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

FOR LINE NUMBER: PAGE 88 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr Thomas F Brill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5625 Whispering Oaks Dr  
 City North Port State FL Zip Code 34287-2455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2012  
**Transaction ID : 35491649**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr Don H Sipola**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 708 10Th St S  
 City Virginia State MN Zip Code 55792-3134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2012  
**Transaction ID : 35491650**  
 Amount of Each Receipt this Period  
 150.00

**C. Dr Daniel Mottola**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6707 Carmel Trl  
 City Wilmington State NC Zip Code 28411-4738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2012  
**Transaction ID : 35491652**  
 Amount of Each Receipt this Period  
 100.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Gary A Holtzberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 10923 71St Rd  
Apt 6E

City Flushing State NY Zip Code 11375-4812

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2012  
**Transaction ID : 35491653**

Amount of Each Receipt this Period  
125.00

**B. Dr Stanley J Nelson**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 N 11Th St

City Marysville State KS Zip Code 66508-1302

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2012  
**Transaction ID : 35491654**

Amount of Each Receipt this Period  
125.00

**C. Dr Harold R Codianne**  
Full Name (Last, First, Middle Initial)

Mailing Address 602 Bellmeade Ct

City Allen State TX Zip Code 75013-5479

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2012  
**Transaction ID : 35491657**

Amount of Each Receipt this Period  
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Jeffrey R Kessler**  
Full Name (Last, First, Middle Initial)

Mailing Address 4062 Fragile Sail Way

City Ellicott City State MD Zip Code 21042-5022

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
11 / 06 / 2012  
**Transaction ID : 35491658**

Amount of Each Receipt this Period  
100.00

**B. Dr Matthew R Perry**  
Full Name (Last, First, Middle Initial)

Mailing Address 828 Se 39Th Ct

City Hillsboro State OR Zip Code 97123-7408

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
11 / 06 / 2012  
**Transaction ID : 35491659**

Amount of Each Receipt this Period  
100.00

**C. Dr Richard J Choryan**  
Full Name (Last, First, Middle Initial)

Mailing Address 6369 Mary Louise Ct Sw

City Grandville State MI Zip Code 49418-8761

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
11 / 06 / 2012  
**Transaction ID : 35491662**

Amount of Each Receipt this Period  
360.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 560.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr Leif E Erickson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2012 <b>Transaction ID : 35491663</b>
Mailing Address 15569 Railroad St Ste 301		Amount of Each Receipt this Period 250.00
City Hayward	State WI	
Zip Code 54843-5707		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Larry L Eklund</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2012 <b>Transaction ID : 35491665</b>
Mailing Address 8779 Indian Village Dr		Amount of Each Receipt this Period 200.00
City Wellington	State CO	
Zip Code 80549-1792		Aggregate Year-to-Date ▼ 400.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr John Kurovsky</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2012 <b>Transaction ID : 35491666</b>
Mailing Address 307 Church Rd		Amount of Each Receipt this Period 125.00
City Mountain Top	State PA	
Zip Code 18707-2252		Aggregate Year-to-Date ▼ 225.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	575.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 92 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr Charles Moncure Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1813 Marthas Bridge Rd  
 City Dalton State GA Zip Code 30720-3871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2012  
**Transaction ID : 35491667**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr Lynn Smith Hammonds**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2725 Smyer Rd  
 City Vestavia State AL Zip Code 35216-1026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1833.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2012  
**Transaction ID : 35492057**  
 Amount of Each Receipt this Period  
 166.67

**C. Dr David A Klibanoff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 238 Brook St  
 City Rehoboth State MA Zip Code 02769-1736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 335.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2012  
**Transaction ID : 35492058**  
 Amount of Each Receipt this Period  
 30.47

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 447.14  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 93 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr Kenneth Ray Moultrie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1809 Gaslight Way Ne  
 City Huntsville State AL Zip Code 35801-1555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2012  
**Transaction ID : 35492059**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr Norman Robert Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3216 Noble Ct  
 City Boulder State CO Zip Code 80301-5489  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2012  
**Transaction ID : 35492060**  
 Amount of Each Receipt this Period  
 25.00

**C. Dr Jonathan R Bundy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3045 N Hozoni Rd  
 City Prescott State AZ Zip Code 86305-3992  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2012  
**Transaction ID : 35492063**  
 Amount of Each Receipt this Period  
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms Bj Avery</b>		Date of Receipt 11 / 10 / 2012 <b>Transaction ID : 35493337</b>
Mailing Address 1104 West Ave		Amount of Each Receipt this Period 200.00
City Austin	State TX	Zip Code 78701-2020
FEC ID number of contributing federal political committee. C		
Name of Employer Texas Optometric Assn Inc	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Mira B Swicicki</b>		Date of Receipt 11 / 10 / 2012 <b>Transaction ID : 35493338</b>
Mailing Address 664 Clark Rd		Amount of Each Receipt this Period 222.22
City Bellingham	State WA	Zip Code 98225-7842
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1787.78	

Full Name (Last, First, Middle Initial) <b>C. Dr Robert P Wooldridge</b>		Date of Receipt 11 / 10 / 2012 <b>Transaction ID : 35493340</b>
Mailing Address 1852 Aintree Ave		Amount of Each Receipt this Period 125.00
City Draper	State UT	Zip Code 84020-7711
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	367.22
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 95 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr Michael John Kruger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 Northpark Blvd  
 City Huxley State IA Zip Code 50124-9340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2012  
**Transaction ID : 35493341**  
 Amount of Each Receipt this Period  
 25.00

**B. Dr Paul Philippe Cote**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Little Androscoggin Dr  
 City Auburn State ME Zip Code 04210-8884  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2012  
**Transaction ID : 35493343**  
 Amount of Each Receipt this Period  
 41.67

**C. Dr Michael G Wallace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3366 Ambleside Dr  
 City Flushing State MI Zip Code 48433-9784  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2012  
**Transaction ID : 35493345**  
 Amount of Each Receipt this Period  
 42.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 108.67  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 96 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr George W Veliky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 137 Oak Grove Ave  
 City Hasbrouck Hts State NJ Zip Code 07604-1225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2012  
**Transaction ID : 35493346**  
 Amount of Each Receipt this Period  
 420.00

**B. Dr James R Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2724 Surrey Ln  
 City Idaho Falls State ID Zip Code 83404-7143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2012  
**Transaction ID : 35493347**  
 Amount of Each Receipt this Period  
 45.00

**C. Dr Shelby D Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3939 62Nd Ave E  
 City Fife State WA Zip Code 98424-2377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2012  
**Transaction ID : 35493349**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 107.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 616 12Th St Sw

City Le Mars State IA Zip Code 51031-2265

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

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

**Transaction ID : 35493359**

Amount of Each Receipt this Period **25.00**

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

Mailing Address 100 Orchard St

City Sulphur State LA Zip Code 70663-6268

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **458.37**

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

**Transaction ID : 35493360**

Amount of Each Receipt this Period **41.67**

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

Mailing Address 1621 Terra De Sol Dr Se

City Rio Rancho State NM Zip Code 87124-8709

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

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

**Transaction ID : 35493362**

Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **116.67**

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

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

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

FOR LINE NUMBER: PAGE 98 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 179 Wood Trce

City Benton State KY Zip Code 42025-9400

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1833.37**

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

**Transaction ID : 35493364**

Amount of Each Receipt this Period **166.67**

Full Name (Last, First, Middle Initial)  
**B. Dr Julie A Toon**

Mailing Address 2204 N Longwood Cir

City Wichita State KS Zip Code 67226-1157

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

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

**Transaction ID : 35493365**

Amount of Each Receipt this Period **50.00**

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

Mailing Address 998 Ascot Dr

City Elgin State IL Zip Code 60123-6761

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

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

**Transaction ID : 35493366**

Amount of Each Receipt this Period **35.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **251.67**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1313 Old Samish Rd

City Bellingham State WA Zip Code 98229-8505

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

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

**Transaction ID : 35493368**

Amount of Each Receipt this Period **200.00**

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

Mailing Address 17342 Alice Loop

City Eagle River State AK Zip Code 99577-7579

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **11 / 13 / 2012**

**Transaction ID : 35504563**

Amount of Each Receipt this Period **50.00**

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

Mailing Address 98-828 Hiliu PI

City Aiea State HI Zip Code 96701-2785

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **458.26**

Date of Receipt **11 / 13 / 2012**

**Transaction ID : 35504564**

Amount of Each Receipt this Period **41.66**

**SUBTOTAL** of Receipts This Page (optional)..... **111.66**

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

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

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

FOR LINE NUMBER: PAGE 100 OF 174  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 126 Treymoor Dr

City State Zip Code  
Alabaster AL 35007-3150

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**550.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**11 / 13 / 2012**

**Transaction ID : 35504565**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Dr Gilbert E Pierce**

Mailing Address 8639 Olenbrook Dr

City State Zip Code  
Lewis Center OH 43035-8702

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**495.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**11 / 13 / 2012**

**Transaction ID : 35504566**

Amount of Each Receipt this Period  
**45.00**

Full Name (Last, First, Middle Initial)  
**C. Dr Jonathan Toso**

Mailing Address 1101 Angel Ln

City State Zip Code  
Canton SD 57013-2634

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**230.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**11 / 13 / 2012**

**Transaction ID : 35504567**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional).....▶ **120.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 225 Terrace Dr

City State Zip Code  
Lilly PA 15938-5819

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1833.37**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 14 / 2012**

**Transaction ID : 35504926**

Amount of Each Receipt this Period  
**166.67**

**B. Dr William Benton Britt**  
Full Name (Last, First, Middle Initial)

Mailing Address 855 S Pitkin Ave

City State Zip Code  
Superior CO 80027-8032

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**220.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 14 / 2012**

**Transaction ID : 35504927**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address 1346 Heller Dr

City State Zip Code  
Yardley PA 19067-2714

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**458.37**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 14 / 2012**

**Transaction ID : 35504928**

Amount of Each Receipt this Period  
**41.67**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>228.34</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 917 S Market St

City Knoxville State IL Zip Code 61448-1299

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **935.00**

Date of Receipt **11 / 14 / 2012**

**Transaction ID : 35504929**

Amount of Each Receipt this Period **85.00**

**B. Dr David S Cook**  
Full Name (Last, First, Middle Initial)

Mailing Address 6460 Devon Ln

City Cadillac State MI Zip Code 49601-9549

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt **11 / 14 / 2012**

**Transaction ID : 35504930**

Amount of Each Receipt this Period **25.00**

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

Mailing Address 252 Inverness Center Dr

City Birmingham State AL Zip Code 35242-4834

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **11 / 14 / 2012**

**Transaction ID : 35504931**

Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **160.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 103 OF 174
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr David Edward Magnus**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 2144

City Corrales State NM Zip Code 87048-2144

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **11 / 14 / 2012**

**Transaction ID : 35504932**

Amount of Each Receipt this Period **50.00**

**B. Dr Kimberly D Ocampo**  
Full Name (Last, First, Middle Initial)

Mailing Address 823 6Th Ave Se

City Decatur State AL Zip Code 35601-3021

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **11 / 14 / 2012**

**Transaction ID : 35504933**

Amount of Each Receipt this Period **25.00**

**c. Dr Heath B Gilbert**  
Full Name (Last, First, Middle Initial)

Mailing Address 5277 Split Rail

City Dayton State OH Zip Code 45429-1962

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt **11 / 14 / 2012**

**Transaction ID : 35504935**

Amount of Each Receipt this Period **91.25**

**SUBTOTAL** of Receipts This Page (optional)..... **166.25**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 104 OF 174
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr Chad L Davis</b>		Date of Receipt 11 / 09 / 2012 <b>Transaction ID : 35505506</b>
Mailing Address P O Box 32		Amount of Each Receipt this Period 250.00
City Athens	State AL	Zip Code 35612-0032
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Robin S Coady</b>		Date of Receipt 11 / 09 / 2012 <b>Transaction ID : 35505507</b>
Mailing Address 724 Bayshore Dr		Amount of Each Receipt this Period 250.00
City Loda	State IL	Zip Code 60948-9738
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>C. Dr Jon E Mc Cutchan</b>		Date of Receipt 11 / 09 / 2012 <b>Transaction ID : 35505508</b>
Mailing Address 47 - 1835 North Ave		Amount of Each Receipt this Period 125.00
City Princeton	State IL	Zip Code 61356-8613
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Steven R Shum**  
Full Name (Last, First, Middle Initial)

Mailing Address 1730 Reid Hooker Cv

City	State	Zip Code
Eads	TN	38028-6905

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

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2012

**Transaction ID : 35505509**

Amount of Each Receipt this Period  
500.00

**B. Dr Gene Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 1608 N Franklin St

City	State	Zip Code
New Ulm	MN	56073-1360

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

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2012

**Transaction ID : 35505513**

Amount of Each Receipt this Period  
125.00

**C. Dr Stan M Dickerson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2508 Shangrila Trl

City	State	Zip Code
Columbia	TN	38401-5801

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

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2012

**Transaction ID : 35505514**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	875.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 106 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr George J Brown III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 Brightridge Ave  
 City State Zip Code  
 E Providence RI 02914-3236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2012  
**Transaction ID : 35505516**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr Anna Fong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2523 N Van Ness Blvd  
 City State Zip Code  
 Fresno CA 93704-5546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2012  
**Transaction ID : 35505519**  
 Amount of Each Receipt this Period  
 125.00

**C. Dr Timothy P Kenkel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 Meadview Pl  
 City State Zip Code  
 Loveland OH 45140-7146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2012  
**Transaction ID : 35505520**  
 Amount of Each Receipt this Period  
 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Ronald Ray Foreman**  
Full Name (Last, First, Middle Initial)

Mailing Address 763 Sw Main Blvd  
Ste 101

City Lake City State FL Zip Code 32025-5794

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  
11 / 09 / 2012  
**Transaction ID : 35505521**

Amount of Each Receipt this Period  
500.00

**B. Dr Ray N Labelle**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 1208

City Norris State TN Zip Code 37828-1208

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
11 / 09 / 2012  
**Transaction ID : 35505530**

Amount of Each Receipt this Period  
125.00

**C. Dr Emilio H Balius**  
Full Name (Last, First, Middle Initial)

Mailing Address 16810 Sw 52Nd Pl

City Southwest Ranches State FL Zip Code 33331-1202

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
11 / 09 / 2012  
**Transaction ID : 35505532**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 725.00

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

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

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

FOR LINE NUMBER: PAGE 108 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr Nancy Helen Shebuski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 217 S 52Nd Ave  
 City Wausau State WI Zip Code 54401-8068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2012  
**Transaction ID : 35505533**  
 Amount of Each Receipt this Period  
 125.00

**B. Dr David L Parker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4889 Bobo Pl  
 City Olive Branch State MS Zip Code 38654-8223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2012  
**Transaction ID : 35505660**  
 Amount of Each Receipt this Period  
 41.67

**C. Dr Jennifer E Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Pambrook Dr  
 City Fishersville State VA Zip Code 22939-2123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 451.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2012  
**Transaction ID : 35505661**  
 Amount of Each Receipt this Period  
 41.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 207.67  
**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 109 OF 174
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

**A. Dr Scott L Nehring**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32840 S Meridian Rd  
 City Woodburn State OR Zip Code 97071-8768  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2012  
**Transaction ID : 35505662**  
 Amount of Each Receipt this Period  
 42.00

**B. Dr Gary R Pabalıs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11972 W Gamekeeper Dr  
 City Kuna State ID Zip Code 83634-2802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2012  
**Transaction ID : 35505663**  
 Amount of Each Receipt this Period  
 20.00

**C. Dr Katherine M Baughman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2421 E White Ave  
 City Moscow State ID Zip Code 83843-5097  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2012  
**Transaction ID : 35505664**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	92.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Randy L Andregg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11368 W Hickory Hill Ct  
 City Boise State ID Zip Code 83713-2467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 458.37

Date of Receipt 11 / 15 / 2012  
**Transaction ID : 35505665**  
 Amount of Each Receipt this Period 41.67

**B. Dr Jared P Walker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 609 Diamond Dr  
 City Kimberly State ID Zip Code 83341-1938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 330.00

Date of Receipt 11 / 15 / 2012  
**Transaction ID : 35505666**  
 Amount of Each Receipt this Period 30.00

**C. Dr Gary P Walker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1733 W Wildflower Ln  
 City Twin Falls State ID Zip Code 83301-3691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 330.00

Date of Receipt 11 / 15 / 2012  
**Transaction ID : 35505667**  
 Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 101.67  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 111 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 3207 N 22Nd St

City State Zip Code  
 Coeur D Alene ID 83815-6321

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 334.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2012  
**Transaction ID : 35505668**

Amount of Each Receipt this Period  
 30.42

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

Mailing Address 3115 Silverwood St

City State Zip Code  
 Billings MT 59102-0655

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2012  
**Transaction ID : 35505669**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 16683 Cathedral Way

City State Zip Code  
 Broomfield CO 80023-4645

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2012  
**Transaction ID : 35505670**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **105.42**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr D. Matthew Burchett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1231 Parkview Way  
 City Richmond State KY Zip Code 40475-3436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.01

Date of Receipt  
 11 / 15 / 2012  
**Transaction ID : 35506089**  
 Amount of Each Receipt this Period  
 85.00

**B. Dr Ron W Roelfs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1304 Shepherd Ave  
 City Waverly State IA Zip Code 50677-9632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt  
 11 / 16 / 2012  
**Transaction ID : 35506141**  
 Amount of Each Receipt this Period  
 35.00

**C. Dr Michele R Haranin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 Concord Rd  
 City Dover State DE Zip Code 19904-9100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 605.00

Date of Receipt  
 11 / 16 / 2012  
**Transaction ID : 35506142**  
 Amount of Each Receipt this Period  
 65.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1217 Tammy St

City Selma State CA Zip Code 93662-4344

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **11 / 16 / 2012**

**Transaction ID : 35506143**

Amount of Each Receipt this Period **50.00**

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

Mailing Address 487 Whitebark Cr

City Wadsworth State OH Zip Code 44281-2299

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **341.00**

Date of Receipt **11 / 16 / 2012**

**Transaction ID : 35506144**

Amount of Each Receipt this Period **31.00**

**C. Dr Brandt Thomas Dennehy**  
Full Name (Last, First, Middle Initial)

Mailing Address 121 Mystic Ln

City Butte State MT Zip Code 59701-7167

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **11 / 15 / 2012**

**Transaction ID : 35506989**

Amount of Each Receipt this Period **125.00**

**SUBTOTAL** of Receipts This Page (optional)..... **206.00**

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

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

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

FOR LINE NUMBER: PAGE 114 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr Robert M Currin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4172 Indian Trail Rd  
 City Oxford State NC Zip Code 27565-7596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 11 / 15 / 2012  
**Transaction ID : 35506990**  
 Amount of Each Receipt this Period  
 200.00

**B. Dr J. Allen Puma**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 469 Ridgefield Rd  
 City Shelburne State VT Zip Code 05482-6319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 11 / 15 / 2012  
**Transaction ID : 35506995**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr Dennis W Rabe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 Shady Ln  
 City Auburn State IL Zip Code 62615-9460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 11 / 15 / 2012  
**Transaction ID : 35507030**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr Randy L Peters**  
Full Name (Last, First, Middle Initial)

Mailing Address 1206 S Main St

City Bryan State OH Zip Code 43506-2441

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 15 / 2012

**Transaction ID : 35507032**

Amount of Each Receipt this Period 125.00

**B. Dr Kari L Burchett**  
Full Name (Last, First, Middle Initial)

Mailing Address 1539 Pacific Ct

City Osawatomie State KS Zip Code 66064-1500

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 15 / 2012

**Transaction ID : 35507034**

Amount of Each Receipt this Period 125.00

**C. Dr Giselle Lander**  
Full Name (Last, First, Middle Initial)

Mailing Address 5010 Boulder Creek Dr

City Solon State OH Zip Code 44139-1380

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 15 / 2012

**Transaction ID : 35507035**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 174
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Dr Mona Ruth Dewart</b>		Date of Receipt 11 / 15 / 2012 <b>Transaction ID : 35507041</b>
Mailing Address 11036 Scarlet Oak Run		Amount of Each Receipt this Period 250.00
City Fort Wayne	State IN	Zip Code 46845-8942
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Mark Joseph Hamilton</b>		Date of Receipt 11 / 15 / 2012 <b>Transaction ID : 35507042</b>
Mailing Address 6707 121St Ave Se		Amount of Each Receipt this Period 250.00
City Bellevue	State WA	Zip Code 98006-4432
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr Bill G Codner</b>		Date of Receipt 11 / 15 / 2012 <b>Transaction ID : 35507043</b>
Mailing Address 4193 Old Orchard Ln		Amount of Each Receipt this Period 125.00
City Cedar Hills	State UT	Zip Code 84062-8673
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 117 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Dr Andrew J Lovsin**

Mailing Address 260 Oakmont Cir

City Pinehurst      State NC      Zip Code 28374-8343

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

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
 /  /   
**Transaction ID : 35507044**

Amount of Each Receipt this Period  
365.00

Full Name (Last, First, Middle Initial)  
**B. Dr Terry B Vail**

Mailing Address 265 Jamestown Rd

City Macomb      State IL      Zip Code 61455-9305

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

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
 /  /   
**Transaction ID : 35507046**

Amount of Each Receipt this Period  
125.00

Full Name (Last, First, Middle Initial)  
**C. Dr Vincent M Young**

Mailing Address 1407 Foxboro Ln

City Blanchard      State OK      Zip Code 73010-5087

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

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 /  /   
**Transaction ID : 35507047**

Amount of Each Receipt this Period  
125.00

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

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

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

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

FOR LINE NUMBER: PAGE 118 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr Daniel M Bowersox**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5710 Valley Park Dr  
 City State Zip Code  
 Louisville KY 40299-4193  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2012  
**Transaction ID : 35507048**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr Kevin K Lui**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 927 Ikena Cir  
 City State Zip Code  
 Honolulu HI 96821-2555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2012  
**Transaction ID : 35507049**  
 Amount of Each Receipt this Period  
 250.00

**c. Dr Sandra J Maley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1969 Robinson Rd  
 City State Zip Code  
 Tomahawk WI 54487-9327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2012  
**Transaction ID : 35507053**  
 Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 119 OF 174
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr Becky Cook Mann</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012 <b>Transaction ID : 35507056</b>
Mailing Address 511 Walker St		Amount of Each Receipt this Period 250.00
City Radford	State VA	Zip Code 24141-2416
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Tonya Michelle Reynoldson</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2012 <b>Transaction ID : 35507057</b>
Mailing Address 88 Camden Bay Lodge Rd		Amount of Each Receipt this Period 500.00
City Camden	State TN	Zip Code 38320-7173
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr Lee Ann Barrett</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 17 / 2012 <b>Transaction ID : 35507251</b>
Mailing Address 1199 E Morgan St		Amount of Each Receipt this Period 50.00
City Boonville	State MO	Zip Code 65233-1336
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3 Taylor River Rd

City State Zip Code  
Hampton Falls NH 03844-2012

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 17 / 2012

**Transaction ID : 35507252**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 117 Magnolia Dr

City State Zip Code  
Central City KY 42330-1727

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 17 / 2012

**Transaction ID : 35507253**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 660 Bender Rd

City State Zip Code  
Marietta OH 45750-8345

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 17 / 2012

**Transaction ID : 35507254**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 121 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 20 Kentshire Ct

City Greenville State DE Zip Code 19807-2583

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **11 / 17 / 2012**

**Transaction ID : 35507255**

Amount of Each Receipt this Period **50.00**

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

Mailing Address 4717 132Nd Ave Se

City Bellevue State WA Zip Code 98006-2132

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 17 / 2012**

**Transaction ID : 35507256**

Amount of Each Receipt this Period **20.00**

Full Name (Last, First, Middle Initial)  
**C. Dr Jason R Kolodziejczyk**

Mailing Address 1023 Buckand

City Fremont State OH Zip Code 43420-2805

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 17 / 2012**

**Transaction ID : 35507257**

Amount of Each Receipt this Period **125.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr Daniel J Kosterman**  
Full Name (Last, First, Middle Initial)

Mailing Address 16420 Carla St

City Eagle River	State AK	Zip Code 99577-7618
---------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	17	/	2012

**Transaction ID : 35507258**

Amount of Each Receipt this Period  

85.00
-------

**B. Dr Dennis A Swarner**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 1669

City Kenai	State AK	Zip Code 99611-1669
---------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	17	/	2012

**Transaction ID : 35507259**

Amount of Each Receipt this Period  

85.00
-------

**C. Dr Mitchell Todd Munson**  
Full Name (Last, First, Middle Initial)

Mailing Address 9940 Ashleigh Way

City Highlands Ranch	State CO	Zip Code 80126-4244
-------------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1836.34**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	19	/	2012

**Transaction ID : 35507309**

Amount of Each Receipt this Period  

166.94
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>336.94</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 22 Carrie Ln

City N Kingstown State RI Zip Code 02852-4138

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **334.62**

Date of Receipt **11 / 19 / 2012**

**Transaction ID : 35507310**

Amount of Each Receipt this Period **30.42**

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

Mailing Address 22 Carrie Ln

City N Kingstown State RI Zip Code 02852-4138

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **334.62**

Date of Receipt **11 / 19 / 2012**

**Transaction ID : 35507311**

Amount of Each Receipt this Period **30.42**

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

Mailing Address 622 Se 13Th St

City Ft Lauderdale State FL Zip Code 33316-2023

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **334.62**

Date of Receipt **11 / 19 / 2012**

**Transaction ID : 35507312**

Amount of Each Receipt this Period **30.42**

**SUBTOTAL** of Receipts This Page (optional)..... **91.26**

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

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

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

FOR LINE NUMBER: PAGE 124 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr Ronald Lee Hopping**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 Creekside Dr  
 City Friendswood State TX Zip Code 77546-7821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1833.37

Date of Receipt 11 / 19 / 2012  
**Transaction ID : 35507313**  
 Amount of Each Receipt this Period 166.67

**B. Dr Desiree Tyer Hopping**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 Creekside Dr  
 City Friendswood State TX Zip Code 77546-7821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1833.37

Date of Receipt 11 / 19 / 2012  
**Transaction ID : 35507314**  
 Amount of Each Receipt this Period 166.67

**C. Dr Nancy S Barr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 435 Conservatory Pt  
 City Fayetteville State GA Zip Code 30215-8609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 19 / 2012  
**Transaction ID : 35507315**  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 353.34  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 125 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Dr Scott M Burks**

Mailing Address Po Box 1351

City Buffalo State MO Zip Code 65622-1351

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **11 / 19 / 2012**

**Transaction ID : 35507317**

Amount of Each Receipt this Period **100.00**

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

Mailing Address 9940 Ashleigh Way

City Highlands Ranch State CO Zip Code 80126-4244

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1666.94**

Date of Receipt **11 / 19 / 2012**

**Transaction ID : 35507318**

Amount of Each Receipt this Period **333.06**

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

Mailing Address 44260 Boulder Dr

City Clinton Twp State MI Zip Code 48038-1430

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 19 / 2012**

**Transaction ID : 35507319**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **533.06**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Harue Jean Marsden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1445 Prospect Ave  
 Unit D  
 City Placentia State CA Zip Code 92870-3816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1805.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2012  
**Transaction ID : 35507844**  
 Amount of Each Receipt this Period  
 194.40

**B. Dr Janice M Mc Mahon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 308 Vernon Ave  
 City Wheaton State IL Zip Code 60187-4643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2012  
**Transaction ID : 35507845**  
 Amount of Each Receipt this Period  
 20.00

**C. Dr Robert F Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15D Dapplegray Rd  
 City Bell Canyon State CA Zip Code 91307-1010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2012  
**Transaction ID : 35512865**  
 Amount of Each Receipt this Period  
 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	339.40
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

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

FOR LINE NUMBER: PAGE 127 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr Kenneth E Knox**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Trotters Ridge Ln  
 City Simpsonville State SC Zip Code 29681-5359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2012  
**Transaction ID : 35512871**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr Michael Douglas Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 149 Branham Rd  
 City Ten Mile State TN Zip Code 37880-2921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2012  
**Transaction ID : 35512875**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Robert M Thacker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 506 Fish Hill Rd  
 City West Greenwich State RI Zip Code 02817-2209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2012  
**Transaction ID : 35512879**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr John P Herman**  
Full Name (Last, First, Middle Initial)

Mailing Address 570 Holmes Rd

City Pittsfield State MA Zip Code 01201-7158

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
11 / 15 / 2012  
**Transaction ID : 35512883**

Amount of Each Receipt this Period  
250.00

**B. Dr Sue E Van Dootingh**  
Full Name (Last, First, Middle Initial)

Mailing Address 6986 West Harbor Rd

City Port Clinton State OH Zip Code 43452-9432

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
11 / 15 / 2012  
**Transaction ID : 35512884**

Amount of Each Receipt this Period  
125.00

**C. Dr Michael S Mc Cown**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 84

City Poulsbo State WA Zip Code 98370-0084

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
11 / 15 / 2012  
**Transaction ID : 35512886**

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Jane E Shea**  
Full Name (Last, First, Middle Initial)

Mailing Address 918 Curran Ave

City Kirkwood State MO Zip Code 63122-2813

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **11 / 15 / 2012**

**Transaction ID : 35512887**

Amount of Each Receipt this Period **125.00**

**B. Dr Douglas W Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 11400 N 6Th Ave

City Hillsboro State IL Zip Code 62049-4402

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **11 / 15 / 2012**

**Transaction ID : 35512889**

Amount of Each Receipt this Period **125.00**

**C. Dr Edwin C Winbigler**  
Full Name (Last, First, Middle Initial)

Mailing Address 105 Britannia Ct

City Shelby State OH Zip Code 44875-1881

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 15 / 2012**

**Transaction ID : 35512891**

Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **500.00**

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

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

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

FOR LINE NUMBER: PAGE 130 OF 174  
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 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Dr Peter M Agnone Jr**

Mailing Address 1508 Kings Bridle Trl

City State Zip Code  
 Grand Blanc MI 48439-8717

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2012

**Transaction ID : 35512894**

Amount of Each Receipt this Period  
 125.00

Full Name (Last, First, Middle Initial)  
**B. Dr Denise L Roddy**

Mailing Address 13605 S 18Th Pl

City State Zip Code  
 Bixby OK 74008-3612

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2012

**Transaction ID : 35512909**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 8400 Concord Rd

City State Zip Code  
 Johnstown OH 43031-8154

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 763.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2012

**Transaction ID : 35512910**

Amount of Each Receipt this Period  
 127.25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 502.25

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

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

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

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(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**American Optometric Association Political Action Committee**

**A. Dr Jay H Messinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3267 Corinth Ave  
 City Los Angeles State CA Zip Code 90066-1310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 15 / 2012**  
**Transaction ID : 35512911**  
 Amount of Each Receipt this Period **250.00**

**B. Dr Michael P Gilliland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6563 Masefield St  
 City Worthington State OH Zip Code 43085-3032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **375.00**

Date of Receipt **11 / 15 / 2012**  
**Transaction ID : 35512912**  
 Amount of Each Receipt this Period **250.00**

**C. Dr Mark A Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 527 E 1500 S  
 City Kaysville State UT Zip Code 84037-3032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **220.00**

Date of Receipt **11 / 20 / 2012**  
**Transaction ID : 35513669**  
 Amount of Each Receipt this Period **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **520.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr Wayne Maltz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10801 Valley Hills Dr  
 City Houston State TX Zip Code 77071-1610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2012  
**Transaction ID : 35513670**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr Lynn D Greenspan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 77 N Iroquois Ln  
 City Chester Sprgs State PA Zip Code 19425-2929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2012  
**Transaction ID : 35513671**  
 Amount of Each Receipt this Period  
 20.00

**C. Dr Marc Robert Bloomenstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5101 E Calavar Rd  
 City Scottsdale State AZ Zip Code 85254-2869  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2012  
**Transaction ID : 35513672**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 133 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 2116 Wildwood Ct

City Fullerton State CA Zip Code 92831-1339

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
**11 / 20 / 2012**

**Transaction ID : 35513673**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Dr Robert J Parks**

Mailing Address 86 Darlene Drive

City Wakefield State RI Zip Code 02879-8307

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.02**

Date of Receipt  
**11 / 20 / 2012**

**Transaction ID : 35513674**

Amount of Each Receipt this Period  
**31.25**

Full Name (Last, First, Middle Initial)  
**C. Dr Melissa A Patrlja**

Mailing Address 8925 Ridgeline Blvd Ste 107

City Highlands Ranch State CO Zip Code 80129-2502

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
**11 / 20 / 2012**

**Transaction ID : 35513675**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **106.25**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr Jeffrey A Gonnason</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2012 <b>Transaction ID : 35514464</b>
Mailing Address 6721 Gloucester Pl			Amount of Each Receipt this Period 84.00
City Anchorage	State AK	Zip Code 99504-3343	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 420.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr Jerry N Ellington, Jr</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2012 <b>Transaction ID : 35514561</b>
Mailing Address 932 Meadow Ln			Amount of Each Receipt this Period 365.00
City Henderson	State NC	Zip Code 27536-3853	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 365.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr David S Hays</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2012 <b>Transaction ID : 35514562</b>
Mailing Address 8720 52Nd Street Ct W			Amount of Each Receipt this Period 84.00
City University Pl	State WA	Zip Code 98467-1758	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 924.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	533.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 135 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr Donald W Furman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 855 11Th Street Pl  
 City Garner State IA Zip Code 50438-1847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 924.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2012  
**Transaction ID : 35514563**  
 Amount of Each Receipt this Period  
 84.00

**B. Dr Paul L Gustafson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 159 Sunflower St  
 City Casper State WY Zip Code 82604-3805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2012  
**Transaction ID : 35514564**  
 Amount of Each Receipt this Period  
 35.00

**C. Dr Kent G Hillery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16448 Country Club Dr  
 City Peosta State IA Zip Code 52068-9710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2012  
**Transaction ID : 35514565**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 169.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Viktoria L Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 310 E Main St

City Madelia State MN Zip Code 56062-1735

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
11 / 21 / 2012  
**Transaction ID : 35514566**

Amount of Each Receipt this Period  
250.00

**B. Dr Mary Lynn Gregory**  
Full Name (Last, First, Middle Initial)

Mailing Address 3332 120Th Ave

City Clear Lake State MN Zip Code 55319-9506

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
545.50

Date of Receipt  
11 / 21 / 2012  
**Transaction ID : 35514568**

Amount of Each Receipt this Period  
54.55

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

Mailing Address 3537 Newcastle Dr Se

City Rio Rancho State NM Zip Code 87124-3672

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4545.50

Date of Receipt  
11 / 21 / 2012  
**Transaction ID : 35514570**

Amount of Each Receipt this Period  
454.55

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	759.10
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 137 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 135 W Church St

City State Zip Code  
 Williamston MI 48895-1119

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 22 / 2012

**Transaction ID : 35520466**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 1698 Brookside Dr

City State Zip Code  
 Germantown TN 38138-2531

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 935.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 22 / 2012

**Transaction ID : 35520468**

Amount of Each Receipt this Period  
 85.00

Full Name (Last, First, Middle Initial)  
**C. Dr Blaine F Bird**

Mailing Address 2001 E 775 S

City State Zip Code  
 Springville UT 84663-3206

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 334.62

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 22 / 2012

**Transaction ID : 35520469**

Amount of Each Receipt this Period  
 30.42

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.42

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 138 OF 174
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr Thomas Annunziato</b>		Date of Receipt
Mailing Address 11700 Northview Dr		<input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City State Zip Code Aledo TX 76008-5223		<b>Transaction ID : 35520470</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="83.33"/>
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1916.63"/>	

Full Name (Last, First, Middle Initial) <b>B. Dr Joseph J Jordan Jr</b>		Date of Receipt
Mailing Address 971 Suncook Valley Rd		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City State Zip Code Alton NH 03809-5212		<b>Transaction ID : 35520472</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="166.67"/>
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1833.37"/>	

Full Name (Last, First, Middle Initial) <b>C. Dr Paul Anton Hodge</b>		Date of Receipt
Mailing Address 3042 118Th Ave		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City State Zip Code Allegan MI 49010-9555		<b>Transaction ID : 35520474</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 8 Johnson Dr

City Luray State VA Zip Code 22835-9705

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **11 / 23 / 2012**

**Transaction ID : 35520476**

Amount of Each Receipt this Period **50.00**

**B. Dr Elliott M Rosengarten**  
Full Name (Last, First, Middle Initial)

Mailing Address 7135 Shefford Ln

City Louisville State KY Zip Code 40242-2854

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **11 / 23 / 2012**

**Transaction ID : 35520477**

Amount of Each Receipt this Period **250.00**

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

Mailing Address 679 Plumtree Ln

City Fenton State MI Zip Code 48430-4207

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **11 / 23 / 2012**

**Transaction ID : 35520478**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **400.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr Louis A Spinozzi Jr</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2012
Mailing Address 767 N White Tail Dr		<b>Transaction ID : 35520479</b>
City Franktown	State CO	Zip Code 80116-8832
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 125.00	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Barry J Barresi</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2012
Mailing Address 659 Spyglass Summit Dr		<b>Transaction ID : 35520480</b>
City Chesterfield	State MO	Zip Code 63017-2142
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 166.67	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1833.37	

Full Name (Last, First, Middle Initial) <b>C. Dr Chris R Fields</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2012
Mailing Address 173 Peterkin Hill Rd		<b>Transaction ID : 35520481</b>
City S Woodstock	State VT	Zip Code 05071-4500
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 167.00	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 334.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	458.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Dori M Carlson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 121 Briggs Ave N  
 City Park River State ND Zip Code 58270-4507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2012  
**Transaction ID : 35520485**  
 Amount of Each Receipt this Period  
 163.64

**B. Dr Steven Thomas Reed**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4550 Simpson Highway 28 W  
 City Magee State MS Zip Code 39111-5187  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 990.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2012  
**Transaction ID : 35520486**  
 Amount of Each Receipt this Period  
 90.00

**C. Dr Jacqueline M Bowen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3930 W 19Th Street Ln  
 City Greeley State CO Zip Code 80634-3446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2012  
**Transaction ID : 35520488**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	303.64
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr Pierre J Anctil</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2012 <b>Transaction ID : 35520491</b>
Mailing Address 12 Garden Dr		Amount of Each Receipt this Period 50.00
City Colorado Spgs	State CO	Zip Code 80904-4414
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Lynn F Hellerstein</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2012 <b>Transaction ID : 35520492</b>
Mailing Address 8611 E Otero Pl		Amount of Each Receipt this Period 50.00
City Centennial	State CO	Zip Code 80112-3317
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr Peter V Candela</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2012 <b>Transaction ID : 35520494</b>
Mailing Address Po Box 614		Amount of Each Receipt this Period 100.00
City Blythewood	State SC	Zip Code 29016-0614
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 966.72	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8886 N Awl Rd

City Parker State CO Zip Code 80138-6840

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
11 / 24 / 2012  
**Transaction ID : 35520495**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 427 Cranberry Ln

City Crozet State VA Zip Code 22932-3160

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
11 / 25 / 2012  
**Transaction ID : 35520504**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1723 Carriage Hill Ct

City Dubuque State IA Zip Code 52003-8584

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
11 / 25 / 2012  
**Transaction ID : 35520505**

Amount of Each Receipt this Period  
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr Joe Wesley De Loach</b>		Date of Receipt 11 / 25 / 2012 <b>Transaction ID : 35520506</b>
Mailing Address 504 Edgelake Dr		Amount of Each Receipt this Period 109.00
City Dallas	State TX	Zip Code 75218-2111
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1199.00	

Full Name (Last, First, Middle Initial) <b>B. Dr John S Bowen</b>		Date of Receipt 11 / 25 / 2012 <b>Transaction ID : 35520507</b>
Mailing Address 2570 Northshore Blvd Ste 200		Amount of Each Receipt this Period 84.00
City Flower Mound	State TX	Zip Code 75028-8386
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 924.00	

Full Name (Last, First, Middle Initial) <b>C. Dr Stacie Layne Virden</b>		Date of Receipt 11 / 25 / 2012 <b>Transaction ID : 35520508</b>
Mailing Address 4324 Green Point Dr		Amount of Each Receipt this Period 90.91
City Waco	State TX	Zip Code 76710-1406
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.01	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	283.91
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr Ashley K Mc Ferron</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2012 <b>Transaction ID : 35520509</b>
Mailing Address 5079 W Sunset Dr		Amount of Each Receipt this Period 41.67
City Lake Oswego	State OR	Zip Code 97035-4253
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37	

Full Name (Last, First, Middle Initial) <b>B. Dr Charles K Atwell</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2012 <b>Transaction ID : 35520510</b>
Mailing Address 238 Chasse Cir		Amount of Each Receipt this Period 42.00
City St Charles	State IL	Zip Code 60174-1418
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00	

Full Name (Last, First, Middle Initial) <b>C. Dr Christopher L Eddy</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2012 <b>Transaction ID : 35520511</b>
Mailing Address 6306 Buchanan St		Amount of Each Receipt this Period 84.00
City Fort Collins	State CO	Zip Code 80525-5810
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	167.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 146 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1425 Evergreen Dr

City State Zip Code  
 Twin Falls ID 83301-3423

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 426.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2012

**Transaction ID : 35520512**

Amount of Each Receipt this Period  
 53.33

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

Mailing Address 795 Foxhill Cir

City State Zip Code  
 Hollister CA 95023-9747

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2012

**Transaction ID : 35520513**

Amount of Each Receipt this Period  
 41.67

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

Mailing Address 8 Century Ln

City State Zip Code  
 Newmanstown PA 17073-8982

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2012

**Transaction ID : 35520514**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.00

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

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

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

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

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

**A. Dr Frederick P Darin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 Tirrell Rd  
 City State Zip Code  
 Charlotte MI 48813-2131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 516.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2012  
**Transaction ID : 35520515**  
 Amount of Each Receipt this Period  
 83.33

**B. Dr Frank McAlliste Akers II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8410 W Salter Dr  
 City State Zip Code  
 Peoria AZ 85382-2438  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2012  
**Transaction ID : 35520516**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr Mamie Cassandra Chan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13713 Vic Rd Ne  
 City State Zip Code  
 Albuquerque NM 87112-6602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2012  
**Transaction ID : 35520517**  
 Amount of Each Receipt this Period  
 50.00

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

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

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

FOR LINE NUMBER: PAGE 148 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address Po Box 184

City State Zip Code  
 Blue Diamond NV 89004-0184

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2012  
**Transaction ID : 35520518**

Amount of Each Receipt this Period  
 30.00

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

Mailing Address 30 Winchester Rd

City State Zip Code  
 Lakewood NY 14750-1734

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.02

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2012  
**Transaction ID : 35520519**

Amount of Each Receipt this Period  
 83.34

Full Name (Last, First, Middle Initial)  
**C. Dr Gerald R Neidigh JR**

Mailing Address 3030 Middlewood Rd

City State Zip Code  
 Midlothian VA 23113-2167

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2012  
**Transaction ID : 35520521**

Amount of Each Receipt this Period  
 125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 238.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 149 OF 174
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 602 Nw 163Rd St

City Shoreline	State WA	Zip Code 98177-3727
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.37

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2012

**Transaction ID : 35520522**

Amount of Each Receipt this Period  
41.67

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

Mailing Address 7728 Mid Cities Blvd

City N Richlnd Hls	State TX	Zip Code 76180-4621
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.01

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2012

**Transaction ID : 35520523**

Amount of Each Receipt this Period  
90.91

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

Mailing Address Po Box 521

City Franklin	State NH	Zip Code 03235-0521
------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2012

**Transaction ID : 35520524**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	232.58
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 612 University Ave

City Syracuse State NY Zip Code 13210-1807

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **11 / 26 / 2012**

**Transaction ID : 35520525**

Amount of Each Receipt this Period **50.00**

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

Mailing Address 10748 Sprucedale Ave

City Las Vegas State NV Zip Code 89144-4401

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **11 / 26 / 2012**

**Transaction ID : 35520526**

Amount of Each Receipt this Period **100.00**

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

Mailing Address 105 Friar Tuck Ln

City Prescott State AR Zip Code 71857-2608

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt **11 / 26 / 2012**

**Transaction ID : 35520528**

Amount of Each Receipt this Period **84.00**

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

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

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Mr Rodney Peele**

Mailing Address 824 Azalea Drive

City State Zip Code  
 Rockville MD 20850-2017

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

Name of Employer Occupation  
 American Optometric Association Asst. Director, Regulatory Policy & Ou

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2012

**Transaction ID : 35522492**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Dr Jack N Shorr**

Mailing Address 5541 Bounty Cir

City State Zip Code  
 Tavares FL 32778-9288

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2012

**Transaction ID : 35522493**

Amount of Each Receipt this Period  
 91.25

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

Mailing Address Po Box 302

City State Zip Code  
 New London NH 03257-0302

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 968.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2012

**Transaction ID : 35522494**

Amount of Each Receipt this Period  
 88.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **679.25**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 152 OF 174
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr David S Loshin</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2012
Mailing Address 11430 Nw 18Th St			<b>Transaction ID : 35525489</b>
City Plantation	State FL	Zip Code 33323-2221	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B. Dr John D Knouse</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2012
Mailing Address 544 Penny Ln			<b>Transaction ID : 35525490</b>
City Perkasie	State PA	Zip Code 18944-1588	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C. Dr Cynthia W Baker</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2012
Mailing Address 18625 Tranquility Ct			<b>Transaction ID : 35525492</b>
City Baton Rouge	State LA	Zip Code 70817-3943	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 153 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Dr Robert James Peterson**

Mailing Address 1408 N Millstream Dr

City State Zip Code  
 McHenry IL 60050-4322

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2012

**Transaction ID : 35525530**

Amount of Each Receipt this Period  
 125.00

Full Name (Last, First, Middle Initial)  
**B. Dr Daniel Joseph Jannotta**

Mailing Address 208 S Ronda Rd

City State Zip Code  
 McHenry IL 60050-6237

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2012

**Transaction ID : 35525531**

Amount of Each Receipt this Period  
 125.00

Full Name (Last, First, Middle Initial)  
**C. Dr Shruti Pandya**

Mailing Address 210 Royal Vw

City State Zip Code  
 Pittsford NY 14534-9633

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2012

**Transaction ID : 35532762**

Amount of Each Receipt this Period  
 125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00

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

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

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

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

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

**A. Dr William Thomas Doty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 Main St  
 City Ridgefield State CT Zip Code 06877-4929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2012  
**Transaction ID : 35532765**  
 Amount of Each Receipt this Period  
 200.00

**B. Dr Karen S Beling**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 133 Valley View Ave  
 City Edgewater State MD Zip Code 21037-3818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2012  
**Transaction ID : 35532767**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Jeffrey Gilbert Hirschl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7428 Eagle Trce  
 City Boardman State OH Zip Code 44512-8100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2012  
**Transaction ID : 35532768**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr Kristina L Morris**  
Full Name (Last, First, Middle Initial)

Mailing Address 3607 E Park Ln

City Bloomington State IN Zip Code 47408-6304

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 21 / 2012

**Transaction ID : 35532932**

Amount of Each Receipt this Period 125.00

**B. Dr Curtis P Dechant**  
Full Name (Last, First, Middle Initial)

Mailing Address 51 S Mustang Ranch Pl

City Tucson State AZ Zip Code 85748-6913

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 21 / 2012

**Transaction ID : 35532933**

Amount of Each Receipt this Period 125.00

**C. Dr Ray H Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 801 Ne 42Nd Ter

City Ocala State FL Zip Code 34470-1047

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 21 / 2012

**Transaction ID : 35532934**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 174
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr Russell R Auclair**  
Full Name (Last, First, Middle Initial)

Mailing Address 18 Maureen Dr

City Smithfield State RI Zip Code 02917-2327

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
11 / 21 / 2012  
**Transaction ID : 35532936**

Amount of Each Receipt this Period  
125.00

**B. Dr Larry L Forrest**  
Full Name (Last, First, Middle Initial)

Mailing Address 6312 Saratoga Trl

City Erie State CO Zip Code 80516-2604

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
11 / 21 / 2012  
**Transaction ID : 35532938**

Amount of Each Receipt this Period  
250.00

**C. Dr Lynda L Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 2117 Grandview Dr

City Torrington State WY Zip Code 82240-2638

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
11 / 21 / 2012  
**Transaction ID : 35532941**

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 740.00

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

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

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

FOR LINE NUMBER: PAGE 157 OF 174  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr Grant W Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2117 Grandview Dr  
 City Torrington State WY Zip Code 82240-2638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2012  
**Transaction ID : 35532942**  
 Amount of Each Receipt this Period  
 365.00

**B. Dr Stephen M Carr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 531 Fairfield Beach Rd  
 City Fairfield State CT Zip Code 06824-6740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2012  
**Transaction ID : 35532949**  
 Amount of Each Receipt this Period  
 400.00

**C. Dr David K Masihdas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6695 Old Mill Cir  
 City Salt Lake Cty State UT Zip Code 84121-6919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012  
**Transaction ID : 35603250**  
 Amount of Each Receipt this Period  
 0.00  
**[MEMO ITEM]**  
 Refund(s) on Schedule B Totaling \$365.00 This changes the YTD Total to \$365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	765.00
<b>TOTAL</b> This Period (last page this line number only).....▶	68891.22

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 158 OF 174  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. Bank of America**

Mailing Address PO Box 790251

City State Zip Code  
St. Louis MO 63179

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
303.35

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2012  
**Transaction ID : 35504689**

Amount of Each Receipt this Period  
11.17

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11.17
<b>TOTAL</b> This Period (last page this line number only).....▶	11.17

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. WellsFargo**

Mailing Address 1650 Tyson Blvd.

City McLean State VA Zip Code 22102

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 35541690**

Amount of Each Disbursement this Period

Bank Fees

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement  
American Express Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 35541707**

Amount of Each Disbursement this Period

American Express Fees

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement  
MC/Visa Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 35541708**

Amount of Each Disbursement this Period

MC/Visa Fees

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement  
Bank Fees

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2012

Transaction ID : 35541709

Amount of Each Disbursement this Period

179.56
--------

Bank Fees

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

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

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

179.56
--------

2209.36
---------



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Steve Chabot For Congress**

Mailing Address 3030 Harrison Ave.

City Cincinnati State OH Zip Code 45211

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Mr. Steven Chabot**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 01

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : 35405572**

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Luke Messer For Congress**

Mailing Address P.O. Box 917

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Mr. Allen Messer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : 35405577**

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Stutzman For Congress**

Mailing Address 0250 W 600 N

City Howe State IN Zip Code 46746

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Marlin Stutzman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 03

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : 35405582**

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

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

15000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Susan Brooks**

Mailing Address 9333 N Meridian Street  
Suite 230

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Ms. Susan Brooks**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2012

**Transaction ID : 35405583**

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Leadership for America Today Tomorrow and Always Pac**

Mailing Address 9856 ARCHER LANE

City Dublin State OH Zip Code 43017

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**Leadership for America Today Tomorrow and Always Pac**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2012

**Transaction ID : 35405585**

Amount of Each Disbursement this Period

4000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

**C. Citizens For Turner**

Mailing Address 120 W 2nd Street  
Suite 1510

City Dayton State OH Zip Code 45402

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Michael R. Turner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2012

**Transaction ID : 35405586**

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

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

14000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Hanabusa For Hawaii**

Mailing Address P.O. Box 1416

City Honolulu State HI Zip Code 96806

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Colleen W. Hanabusa**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: HI District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 22 / 2012

**Transaction ID : 35426067**

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Mazie Hirono**

Mailing Address PO Box 677

City Honolulu State HI Zip Code 96809

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Mazie Hirono**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: HI District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 22 / 2012

**Transaction ID : 35426069**

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Elizabeth Esty**

Mailing Address PO Box 61

City Cheshire State CT Zip Code 06410

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Ms. Elizabeth Esty**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CT District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 22 / 2012

**Transaction ID : 35427652**

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

10000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Horsford For Congress**

Mailing Address 6100 Elton Ave Suite 1000

City Las Vegas State NV Zip Code 89107

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Mr. Steven Horsford**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2012			

**Transaction ID : 35428406**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Ron Desantis For Congress**

Mailing Address PO Box 405

City Pointe Vedra Beach State FL Zip Code 32004

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Mr. Ronald Desantis**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2012			

**Transaction ID : 35431022**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Rogers For Congress**

Mailing Address PO Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Michael J. Rogers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

**Transaction ID : 35455162**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Contribution

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

6000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cantor For Congress**

Mailing Address P.O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Eric I. Cantor**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VA District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : 35455507**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Patriots For Perry**

Mailing Address PO Box 147

City Red Lion State PA Zip Code 17356

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Mr. Scott Perry**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : 35455508**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Ted Yoho For Congress**

Mailing Address 8209 Sw 95th Lane

City Gainesville State FL Zip Code 32608

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Mr. Theodore Yoho**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : 35455509**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Candidate Contribution

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. People For Derek Kilmer**

Mailing Address PO Box 1574

City Gig Harbor State WA Zip Code 98335

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Mr. Derek Kilmer**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WA District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

**Transaction ID : 35461391**

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Denny Heck For Congress**

Mailing Address PO Box 235

City Olympia State WA Zip Code 98507

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Mr. Dennis Heck**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WA District: 10

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

**Transaction ID : 35461398**

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Dina Titus For Congress**

Mailing Address PO Box 50614

City Henderson State NV Zip Code 89016

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Dina Constadina Titus**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NV District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

**Transaction ID : 35461405**

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Denham For Congress**

Mailing Address 2150 River Plaza Dr., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Jeff Denham**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 19

Date of Disbursement

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

**Transaction ID : 35461904**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Doug Lamalfa Committee**

Mailing Address 2150 River Plaza Dr., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Mr. Doug Lamalfa**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 01

Date of Disbursement

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

**Transaction ID : 35463060**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. House Majority PAC**

Mailing Address 700 13th Street N.W.  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**House Majority PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : 35464973**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Committee Contribution

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

1	4	0	0	.	0	0
---	---	---	---	---	---	---

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

1	4	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pascrell For Congress**

Mailing Address P.O. Box 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. William J. Pascrell Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NJ District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

**Transaction ID : 35465027**

Amount of Each Disbursement this Period

4000.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Steve Cohen For Congress**

Mailing Address 349 Kenilworth Place

City Memphis State TN Zip Code 38112

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Stephen Ira Cohen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

**Transaction ID : 35465028**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Langevin For Congress**

Mailing Address 181a Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. James R. Langevin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

**Transaction ID : 35465029**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Contribution

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

7500.00
---------

**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cicilline Committee**

Mailing Address 236 Hope Street

City Providence State RI Zip Code 02906

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name  
**Rep. David N. Cicilline**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: RI District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2012

Transaction ID : 35465030

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Democratic Party of New Mexico**

Mailing Address 1301 San Pedro NE

City Albuquerque State NM Zip Code 87110

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2012

Transaction ID : 35465032

Amount of Each Disbursement this Period

5000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

**C. Committee To Elect Michelle Lujan Grisham**

Mailing Address 2015 Dietz Pl Nw

City Albuquerque State NM Zip Code 87107

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name  
**Ms. Michelle Grisham**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NM District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2012

Transaction ID : 35465033

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

11000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ron Barber For Congress**

Mailing Address PO Box 57715

City Tucson State AZ Zip Code 85732

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**Mr. Ronald Barber**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	2

**Transaction ID : 35465076**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Louise Slaughter Re-Election Committee**

Mailing Address P.O. Box 730

City Honeoye State NY Zip Code 14471

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**Rep. Louise McIntosh Slaughter**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 28

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	2

**Transaction ID : 35468798**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Mill to the Hill PAC**

Mailing Address 499 South Capitol St., SW  
Suite 404

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Committee Contribution

011

Category/  
Type

Candidate Name

**Mill to the Hill PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	2

**Transaction ID : 35469397**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Committee Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PA Jobs PAC**

Mailing Address 499 S Capitol Street, S.W.  
# 404

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**PA Jobs PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2012

**Transaction ID : 35469399**

Amount of Each Disbursement this Period

2000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

**B. JJJ PAC**

Mailing Address 499 S Capitol Street, S.W.  
# 404

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**JJJ PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2012

**Transaction ID : 35469406**

Amount of Each Disbursement this Period

1000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Elizabeth Esty**

Mailing Address PO Box 61

City Cheshire State CT Zip Code 06410

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Ms. Elizabeth Esty**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

MM / DD / YYYY  
11 / 05 / 2012

**Transaction ID : 35476695**

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement  
Void - Friends Of John Boehner

Candidate Name  
**Rep. John A. Boehner**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: OH District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2012			

**Transaction ID : 35476697**

Amount of Each Disbursement this Period

-5000.00
----------

Void - Friends Of John Boehner

Full Name (Last, First, Middle Initial)

**B. Friends Of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
**Rep. John A. Boehner**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: OH District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2012			

**Transaction ID : 35476698**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Manchin For West Virginia**

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
**Sen. Joe Manchin III**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: WV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2012			

**Transaction ID : 35476771**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1000.00
---------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Shelley Moore Capito For Congress**

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Shelley Moore Capito**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2012			

**Transaction ID : 35476773**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Mckinley For Congress**

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. David McKinley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2012			

**Transaction ID : 35476774**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Keep Nick Rahall In Congress Committee**

Mailing Address P O Box 64

City Beckley State WV Zip Code 25801

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Nick Joe Rahall II**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2012			

**Transaction ID : 35476775**

Amount of Each Disbursement this Period

2500.00
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Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00
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**TOTAL** This Period (last page this line number only)..... ▶

110000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr David K Masihdas**

Mailing Address 6695 Old Mill Cir

City State Zip Code  
Salt Lake Cty UT 84121-6919

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 35540892**

Amount of Each Disbursement this Period

Refund

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶