04/16/2010 13:27

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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Optometric Association Political Action Committee 1505 Prince Street ADDRESS (number and street) Suite 300 Check if different than previously Alexandria ٧A 22314 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00024968 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Oct 20 (M10) Jul 20 (M7) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 03 0 1 2010 03 3 1 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Thomas E. Nye, O.D. Type or Print Name of Treasurer Electronically Filed by Thomas E. Nye, O.D. 04 16 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS 2 / 120

Write or Type Committee Name
American Optometric Association Political Action Committee

FEC Form 3X (Rev. 02/2003)

Report Covering the Period: From:

M M M D D D 0 1 2 0 1 0

OLUMN A COLUMN B

To:

м м

^D 31

2010

| | _ | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|-----|---|-------------------------|-----------------------------------|
| 6. | (a) Cash on Hand January 1 2010 Y Y Y | | 395069.19 |
| | (b) Cash on Hand at Begining of Reporting Period | 450133.50 | |
| | (c) Total Receipts (from Line 19) | 158857.39 | 283101.23 |
| | (d) Subtotal (add lines 6(b) and | | |
| | 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 608990.89 | 678170.42 |
| 7. | Total Disbursements (from Line 31) | 157235.62 | 226415.15 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 451755.27 | 451755.27 |
| 9. | Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. | Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 120

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From: 0 3

D D 0 1

· ·

м м 0 3 ^D 31

Y Y Y Y 2 0 1 0

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| Contributions (other than loans) From: (a) Individuals/Persons Other | | |
| Than Political Committees (i) Itemized (use Schedule A) | 96788.81 | 166598.31 |
| (ii) Unitemized | 57026.37 | 107401.73 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 153815.18 | 274000.04 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines | 0.00 | 0.00 |
| 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 153815.18 | 274000.04 |
| Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 3. All Loans Received | 0.00 | 0.00 |
| Loan Repayments Received Offsets To Operating Expenditures | 0.00 | 0.00 |
| (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| Refunds of Contributions Made to Federal candidates and Other Political Committees | 5000.00 | 9000.00 |
| 7. Other Federal Receipts (Dividends, Interest, etc.) | 42.21 | 101.19 |
| 3. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 158857.39 | 283101.23 |
| Total Federal Receipts (subtract Line 18(c) from Line 19) | 158857.39 | 283101.23 |

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 120

| | II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-----|--|-------------------------------|-----------------------------------|
| 21. | Operating Expenditures: (a) Shared Federal/Non-Federal | | |
| | Activity (from Schedule H4) | 0.00 | 0.00 |
| | (i) Federal Share | | |
| | (ii) Non-Federal Share | 0.00 | 0.00 |
| | (b) Other Federal Operating | 2235.62 | 5415.15 |
| | Expenditures(c) Total Operating Expenditures | 2233.02 | 3413.13 |
| | (add 21(a)(i), (a)(ii) and (b)) | 2235.62 | 5415.15 |
| 22. | Transfers to Affiliated/Other Party | 0.00 | 0.00 |
| 23. | Contributions to | 0.00 | 0.00 |
| | Federal Candidates/Committeesand Other Political Committees | 155000.00 | 221000.00 |
| 24. | Independent Expenditure | 0.00 | 0.00 |
| 25. | (use Schedule E) Coordinated Expenditures Made by Party | 0.00 | 0.00 |
| | Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 |
| 26. | Loan Repayments Made | 0.00 | 0.00 |
| 7 | Loans Made | 0.00 | 0.00 |
| | Refunds of Contributions To: | 0.00 | 0.00 |
| | (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| | (b) Political Party Committees | 0.00 | 0.00 |
| | (c) Other Political Committees | | |
| | (such as PACs) | 0.00 | 0.00 |
| | (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| | (add Lines 25(a), (b), and (c)) | | |
| 29. | Other Disbursements | 0.00 | 0.00 |
| 30. | Federal Election Activity (2 U.S.C 431(20)) | | |
| | (a) Shared Federal Election Activity | | |
| | (from Schedule H6) | 0.00 | 0.00 |
| | (i) Federal Share | | |
| | (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 | 0.00 | 0.00 |
| | 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)) | 157235.62 | 226415.15 |
| 32. | Total Federal Disbursements | | |
| | (subtract Line 21(a)(ii) and Line 30(a)(ii) | | |
| | from Line 31) | 157235.62 | 226415.15 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 120

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| al Contributions (other than loans) m Line 11(d), page 3) | 153815.18 | 274000.04 |
| al Contribution Refunds m Line 28(d)) | 0.00 | 0.00 |
| Contributions (other than loans) btract Line 34 from Line 33) | 153815.18 | 274000.04 |
| al Federal Operating Expenditures d Line 21(a)(i) and Line 21(b)) | 2235.62 | 5415.15 |
| sets to Operating Expenditures m Line 15, page 3) | 0.00 | 0.00 |
| Operating Expenditures btract Line 37 from Line 36) | 2235.62 | 5415.15 |

FE6AN026

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 / 120 (check only one) X 11a |
|---------|--|---------------------------------|--|---|
| , | any information copied from such Reports and r for commercial purposes, other than using the | Statements ma le name and ad | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Optometric Association Po | litical Action | Committee | |
| ۸. | Full Name (Last, First, Middle Initial) Dr John D Coble | | | Date of Receipt |
| | Mailing Address 1501 Sunset Hill | | | 03 / 01 / 2010 |
| | City Rockwall | State TX | Zip Code 75087-3216 | Transaction ID: 31405268 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 83.35 |
| | Name of Employer Self Employed | Occupatio Doctor o | n f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.05 | |
| - 3. | Full Name (Last, First, Middle Initial) Dr Linda M Chous | Date of Receipt | | |
| | Mailing Address 1295 W Royal Oaks I | 03 02 2010 | | |
| | City | State | Zip Code | Transaction ID: 31406388 |
| | Shoreview FEC ID number of contributing federal political committee. | C | 55126-8478 | Amount of Each Receipt this Period |
| | Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 300.00 | |
| . – | Full Name (Last, First, Middle Initial) Dr Kevin Katz | | | Date of Receipt |
| | Mailing Address 1205 Pin Oak Drive | 03 03 2010 | | |
| | City | State | Zip Code | Transaction ID: 31407394 |
| | Dickinson FEC ID number of contributing federal political committee. | C | 77539-3320 | Amount of Each Receipt this Period 163.64 |
| | Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 490.92 | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 346.99 |

| SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate sch for each category Detailed Summa | of the Check only one) |
|---|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po | | by any person for the purpose of soliciting contributions committee to solicit contributions from such committee. |
| 7 American Optometric Association Fo | milical Action Committee | |
| Full Name (Last, First, Middle Initial) Dr Maury M Kessler Mailing Address 7747 East Tarde Dr | | Date of Receipt |
| | | 03 03 2010 |
| City | State Zip Code | Transaction ID: 31407395 |
| Scottsdale | AZ 85255-4824 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 250.00 |
| Full Name (Last, First, Middle Initial) Dr Annette L Hanian | Date of Receipt | |
| Mailing Address 4717 E Berneil Drive | 03 03 2010 | |
| City | State Zip Code | Transaction ID: 31407397 |
| Phoenix | AZ 85028-5506 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 250.00 |
| Full Name (Last, First, Middle Initial) Dr David Leslie Evans | | Date of Receipt |
| Mailing Address 112 Foxcrest Cove | | 03 01 7 7 7 7 7 |
| City | State Zip Code | Transaction ID: 31409820 |
| <u>Jacksonville</u> | AR 72076-2681 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 300.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 300.00 |
| SUBTOTAL of Receipts This Page (optional) | | 800.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 120 (check only one) X |
|--|--|---|
| | d Statements may not be sold or used by any pers the name and address of any political committee to | |
| NAME OF COMMITTEE (In Full) American Optometric Association F | Political Action Committee | |
| Full Name (Last, First, Middle Initial) Dr Kenji Hamada | | Date of Receipt |
| Mailing Address 255 Dawn Allan Dr | | 03 / 01 / 2010 |
| City Grants Pass | State Zip Code OR 97527-8707 | Transaction ID: 31409825 |
| FEC ID number of contributing federal political committee. | C 3/32/-0/0/ | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr Rod L Rallo | Date of Receipt | |
| Mailing Address 1483 Sable Wing C | 03 / 01 / 2010 | |
| City | State Zip Code | Transaction ID: 31409834 |
| Louisville | KY 40223-6110 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: | Aggregate Year-to-Date ▼ | _ |
| Primary General Other (specify) ▼ | 500.00 | |
| Full Name (Last, First, Middle Initial) Dr Charles R Pruden, Jr | Date of Receipt | |
| Mailing Address 2007 Hermitage Rd | 03 01 2010 | |
| City | State Zip Code | Transaction ID: 31409836 |
| Wilson | NC 27896-1629 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optional | 1 | 1250.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | ^) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 9 / 120 (check only one) |
|--|----------------------|---|---|
| Any information copied from such Reports a or for commercial purposes, other than usin | and Statements may | not be sold or used by any persoress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Optometric Association | Political Action C | Committee | |
| Full Name (Last, First, Middle Initial) Dr Joanne Hendrick | | | Date of Receipt |
| Mailing Address Po Box 509 | | | 03 01 2010 |
| City Monument | State CO | Zip Code 80132-0509 | Transaction ID: 31409837 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 00132-0309 | 500.00 |
| Name of Employer Self Employed | Occupation Doctor of | Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr Christopher W Wroten | Date of Receipt | | |
| Mailing Address 7020 Hunters Way | 0 3 | | |
| City | State | Zip Code | Transaction ID: 31410592 |
| Denham Springs | LA | 70726-5642 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer Self Employed | Occupation Doctor of | Optometry | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0 0 | 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr Willard E Marionneaux, Jr | | | Date of Receipt |
| Mailing Address 598 Hwy 868 | | | 03 03 2010 |
| City | State | Zip Code | Transaction ID: 31413968 |
| Winnsboro | LA | 71295-6129 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Self Employed | - ' ' | Optometry | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0 0 | 500.00 | |
| SUBTOTAL of Receipts This Page (option | I nal) | | 2000.00 |

| | OULE A (FEC Form 3X) ZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 120 (check only one) X |
|--|--|--------------|---|---|
| or for com | nation copied from such Reports and St imercial purposes, other than using the OF COMMITTEE (In Full) ican Optometric Association Polit | name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A. Dr Anto Mailing City McAll FEC II federal | eme (Last, First, Middle Initial) onio Ramirez g Address 4013 N 23Rd Ste B en O number of contributing political committee. of Employer mployed | State TX C | Zip Code 78504-4131 | Date of Receipt M M M |
| Receip | · · | | f Optometry • Year-to-Date ▼ 250.00 |] |
| Dr Stev | ame (Last, First, Middle Initial) ven D Koch g Address 1204 Madison | | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| FEC II federal | number of contributing political committee. | State WA | Zip Code 98801-1937 | Transaction ID: 31413972 Amount of Each Receipt this Period 500.00 |
| Receip | of Employer mployed of For: Primary General Other (specify) ▼ | | n f Optometry e Year-to-Date ▼ 500.00 | |
| Dr Har | ame (Last, First, Middle Initial) old L Bircumshaw J Address 7933 East D Street | | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | number of contributing | State WA | Zip Code 98404-1070 | Transaction ID: 31413973 Amount of Each Receipt this Period 1000.00 |
| | of Employer mployed | Occupation | n f Optometry | |
| | ot For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | |
| SUBTO | AL of Receipts This Page (optional) | | | 1750.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 11 / 120 (check only one) X |
|------------------------|--|--------------------------|---|---|
| Ar | ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol | e name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| <u>∠</u> A . | Full Name (Last, First, Middle Initial) Dr Mark E Nordin Mailing Address 524 Jasper Lane | Chaka | 7'o Oodo | Date of Receipt 0 3 0 3 2 0 1 0 |
| | City Paintsville | State KY | Zip Code 41240-9338 | Transaction ID: 31413975 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 41240-3330 | 500.00 |
| | Name of Employer Self Employed Receipt For: Primary General | | f Optometry • Year-to-Date ▼ | 1 |
| 3. | Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr David M Way Mailing Address 16035 Lausanne | | 500.00 | Date of Receipt |
| | Tooss Lausaine | 03 03 2010 | | |
| | City | Transaction ID: 31413983 | | |
| | Houston FEC ID number of contributing federal political committee. | C | 77070 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| . – | Full Name (Last, First, Middle Initial) Mr Vincent M Young | | | Date of Receipt |
| | Mailing Address 1407 Foxboro Ln | 03 03 2010 | | |
| | City | State | Zip Code | Transaction ID: 31413984 |
| | Blanchard FEC ID number of contributing federal political committee. | OK OK | 73010-5087 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer N/A | | | |
| | Receipt For: Primary General Other (specify) ▼ | Student Aggregate | e Year-to-Date ▼ 250.00 | |
| s | UBTOTAL of Receipts This Page (optional) . | | | 1000.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 12 / 120 (check only one) X | |
|--|--|---|--|
| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F | d Statements may not be sold or used by any pers the name and address of any political committee to Political Action Committee | on for the purpose of soliciting contributions o solicit contributions from such committee. | |
| Full Name (Last, First, Middle Initial) Dr Paul William Heersink Mailing Address 2094 West Hwy 160 City Monte Vista | State Zip Code | Date of Receipt 0 3 | |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 250.00 | |
| Name of Employer Self Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | Occupation Doctor of Optometry Aggregate Year-to-Date 250.00 | | |
| Full Name (Last, First, Middle Initial) Dr Paul B Snowden Mailing Address 9313 Sw 28Th | | Date of Receipt 0 3 0 3 2 0 1 0 | |
| City Oklahoma City | State Zip Code OK 73128-3235 | Transaction ID: 31413992 Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. Name of Employer Self Employed | Occupation | 250.00 | |
| Receipt For: Primary General Other (specify) | Doctor of Optometry Aggregate Year-to-Date ▼ 250.00 | | |
| Full Name (Last, First, Middle Initial) Dr Bruce W Varner Mailing Address 6320 Old Antioche | Dr Bruce W Varner | | |
| City Pauls Valley | State Zip Code OK 73075-9113 | Transaction ID: 31413995 Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | 250.00 | |
| Name of Employer Self Employed Receipt For: | Occupation Doctor of Optometry Aggregate Year-to-Date ▼ | | |
| Primary General Other (specify) ▼ | 250.00 | | |
| SUBTOTAL of Receipts This Page (optional |)] | 750.00 | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 13 / 120 (check only one) X | | | |
|--|----------------------|---|---|--|--|--|
| Any information copied from such Reports and St or for commercial purposes, other than using the | atements may | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. | | | |
| NAME OF COMMITTEE (In Full) | | | | | | |
| American Optometric Association Polit | ical Action | Committee | | | | |
| Full Name (Last, First, Middle Initial) Dr Michael J Mc Kinney | | | Date of Receipt | | | |
| Mailing Address 1416 Kitsap Lake Road | 03 03 2010 | | | | | |
| City | State | Zip Code | Transaction ID: 31413999 | | | |
| Bremerton | WA | 98312-8819 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | | 250.00 | | | |
| Name of Employer Self Employed | Occupation | n f Optometry | | | | |
| Receipt For: | | <u> </u> | - | | | |
| Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | | | | |
| Full Name (Last, First, Middle Initial) Dr Julio C Arroyo-Redondo | Date of Receipt | | | | | |
| Mailing Address 121 W Silverwood Ranch Estates | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| City State Zip Code | | | Transaction ID: 31414008 | | | |
| <u>Shenandoah</u> | TX | 77381 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | С | | 250.00 | | | |
| Name of Employer Self Employed | Occupation Doctor of | n f Optometry | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | | | | |
| Full Name (Last, First, Middle Initial) Dr Heather A Robben | | | Date of Receipt | | | |
| Mailing Address 1039 390Th Avenue | | | 03 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| City | State | Zip Code | Transaction ID: 31414015 | | | |
| <u>Victoria</u> | KS | 67671-9671 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | | 250.00 | | | |
| Name of Employer Self Employed | Occupation Doctor of | n f Optometry | | | | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 250.00 | | | | |
| SUBTOTAL of Receipts This Page (optional) | | ····· | 750.00 | | | |

| Any information copied from such Reports an or for commercial purposes, other than using | | X 11a 11b 11c 12 13 14 15 16 17 |
|---|---|--|
| NAME OF COMMITTEE (In Full) American Optometric Association F | d Statements may not be sold or used by any pers the name and address of any political committee t colitical Action Committee | son for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr Melissa Marie Sommers Mailing Address 1205 Pin Oak City Dickinson FEC ID number of contributing federal political committee. Name of Employer Self Employed | State Zip Code TX 77539 C Occupation Doctor of Optometry | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr Kelly M Boudreaux-Riley Mailing Address 803 A Quail Rd | | Date of Receipt 0 3 0 3 2 0 1 0 |
| City Lubbock | State Zip Code TX 79407-8059 | Transaction ID: 31414033 |
| FEC ID number of contributing federal political committee. | TX 79407-8059 | Amount of Each Receipt this Period 365.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 365.00 | |
| Full Name (Last, First, Middle Initial) Dr Nolan C Riley | | Date of Receipt |
| Mailing Address 7305 Aberdeen Ave | nue #3104 | 03 03 7 2010 |
| City | State Zip Code | Transaction ID: 31414035 |
| Lubbock FEC ID number of contributing federal political committee. | TX 79424-2517 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optional |) | 1865.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 15 / 120 (check only one) X |
|--|----------------------|---|--|
| Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association | g the name and add | lress of any political committee to | on for the purpose of soliciting contributions of solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr Wesley Edward Pittman Mailing Address 714 N Kaufman | | | Date of Receipt |
| City Mexia FEC ID number of contributing | State TX | Zip Code 76667-0590 | Transaction ID: 31414037 Amount of Each Receipt this Period |
| Name of Employer Self Employed Receipt For: | ' | Optometry Year-to-Date | 500.00 |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Rodney D Peele | | 500.00 | Date of Receipt |
| Mailing Address 824 Azalea Drive | | Zip Code | 0 3 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Transaction ID: 31414039 | |
| Rockville FEC ID number of contributing federal political committee. | C | 20850-2017 | Amount of Each Receipt this Period 500.00 |
| Name of Employer American Optometric Association Receipt For: ☐ Primary ☐ General Other (specify) ▼ | | n ed Director Federal Relation Year-to-Date ▼ 500.00 | s |
| Full Name (Last, First, Middle Initial) Dr Stanley Y Woo | | | Date of Receipt |
| Mailing Address 2501 Nicholson St | | | 03 04 2010 |
| City | State | Zip Code | Transaction ID: 31414127 |
| Houston FEC ID number of contributing federal political committee. | C | 77008-2022 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed | Occupation Doctor of | n Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (options | al) | | 1250.00 |

| SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 16 / 120 (check only one) |
|---|--|--|---|
| | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 |
| Any information copied from such Reports an or for commercial purposes, other than using | nd Statements may the name and addr | not be sold or used by any personess of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Optometric Association F | Political Action C | Committee | |
| Full Name (Last, First, Middle Initial) Dr Alan G Peaslee | | | Date of Receipt |
| Mailing Address 4507 Wellington We | oods Dr | | 0 3 0 2 2 0 1 0 |
| City | State | Zip Code | Transaction ID: 31414389 |
| <u>Hahira</u> | GA | 31632-3109 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 365.00 |
| Name of Employer Self Employed | Occupation Doctor of | Optometry | |
| Receipt For: | - | Year-to-Date ▼ | \dashv |
| Primary General | Aggregate | | 7 |
| Other (specify) ▼ | | 365.00 | |
| Full Name (Last, First, Middle Initial) Dr Hulon Houston Pass | <u> </u> | | Date of Receipt |
| Mailing Address 1901 Sunset | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 31414402 |
| Fort Stockton | TX | 79735-2511 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Self Employed | Occupation Doctor of | Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate 1 | Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr Michael Stephen Marvin | | | Date of Receipt |
| Mailing Address Sr 78 Box 16C | | | 03 02 YYYYY 03 02 2010 |
| City | State | Zip Code | Transaction ID: 31414403 |
| Pine River | MN | 56474 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Self Employed | Occupation Doctor of | Optometry | |
| Receipt For: | Aggregate ' | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 250.00 | |
| SUBTOTAL of Receipts This Page (optiona | | | 1115.00 |

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| SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | (check only one) | | |
| ITEMIZED RECEIPTS | | for each category of the | X 11a 11b 11c 12 | | |
| | Detailed Summary Page | | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ | | |
| Any information copied from such Reports and St or for commercial purposes, other than using the | tatements may | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions | | |
| NAME OF COMMITTEE (In Full) | | | | | |
| American Optometric Association Polit | ical Action | Committee | | | |
| Full Name (Last, First, Middle Initial) Dr Daniel T Nowak | | | Date of Receipt | | |
| Mailing Address N2986 Herman Lane | | | 03 / 02 / 4 2010 | | |
| City | State | Zip Code | Transaction ID: 31414405 | | |
| Hortonville | WI | 54944-9773 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | C | | 365.00 | | |
| Name of Employer Self Employed | Occupation Doctor of | n f Optometry | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 365.00 | | | |
| Full Name (Last, First, Middle Initial) Dr Michael W Geiger | | | Date of Receipt | | |
| Mailing Address 400 8Th Street | | | 03 02 7 2010 | | |
| City | State | Zip Code | Transaction ID: 31414412 | | |
| Snyder | OK | 73566 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | C | | 250.00 | | |
| Name of Employer Self Employed | Occupation Doctor of | n f Optometry | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | |
| Primary General Other (specify) ▼ | 0 0 | 250.00 | | | |
| Full Name (Last, First, Middle Initial) Dr Myron J Wilson | | | Date of Receipt | | |
| Mailing Address 725 Co | | | 03 / 02 / 4 2010 | | |
| City | State | Zip Code | Transaction ID: 31414413 | | |
| Centre | AL | 35960 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | | | 250.00 | | |
| Name of Employer Self Employed | Occupation Doctor of | n f Optometry | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | | | |
| SUBTOTAL of Receipts This Page (optional) | | | 865.00 | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 18 / 120 (check only one) X 11a |
|---|-------------------------------|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements may name and add | not be sold or used by any persodress of any political committee to | |
| American Optometric Association Polit | tical Action (| Committee | |
| Full Name (Last, First, Middle Initial) Dr Robert M Wlodek | | | Date of Receipt |
| Mailing Address 245 Elkins Circle | | | 03 04 2010 |
| City | State | Zip Code | Transaction ID: 31415067 |
| Henderson | NV | 89074-5369 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| Receipt For: | . ' | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0 0 | 500.00 | |
| Full Name (Last, First, Middle Initial) Dr Lisa S Howard | l | | Date of Receipt |
| Mailing Address 147 Glenstone Circle | | | 03 04 2010 |
| City | State | Zip Code | Transaction ID: 31415069 |
| <u>Harrogate</u> | TN | 37752-3740 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr Kristen A Langner | | | Date of Receipt |
| Mailing Address 46 E Irving Park Rd | | | 03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 31415070 |
| Roselle | IL | 60172-2063 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 2000.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 19 / 120 (check only one) X |
|---|----------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association P | the name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr Mark Keith Davis Mailing Address 6450 Nw Loop 410 Ste 115 | | | Date of Receipt 0 3 0 4 2 0 1 0 |
| City San Antonio FEC ID number of contributing | State TX | Zip Code 78238-4210 | Transaction ID: 31415126 Amount of Each Receipt this Period 500.00 |
| Receipt For: Primary Other (specify) | Occupation Doctor of | n f Optometry Year-to-Date ▼ |] |
| Full Name (Last, First, Middle Initial) Dr Albert J Hoffman Mailing Address 966 Lincoln Drive | | | Date of Receipt 0 3 0 4 2 0 1 0 |
| City | State | Zip Code | Transaction ID: 31415127 |
| Conneaut FEC ID number of contributing federal political committee. | OH OH | 44030-2169 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed Receipt For: Primary General Other (specify) | - ' ' | n f Optometry Year-to-Date ▼ 250.00 |] |
| Full Name (Last, First, Middle Initial) Dr William A Lynch, Jr | | | Date of Receipt |
| Mailing Address 2 Burr Oak Ct | | | 03 04 2010 |
| City | State | Zip Code | Transaction ID: 31415131 |
| Cuba FEC ID number of contributing federal political committee. | C | 65453-8606 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optional |) | | 1000.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 20 / 120 (check only one) X |
|--|--|---|
| or for commercial purposes, other than using the | Statements may not be sold or used by any persone name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Optometric Association Po | olitical Action Committee | |
| Full Name (Last, First, Middle Initial) Dr J. Michael Weil | | Date of Receipt |
| Mailing Address 2653 Wimbledon Poi City | nt Dr State Zip Code | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Virginia Beach | VA 23454-1171 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr Christopher R Rugaber | | Date of Receipt |
| Mailing Address 240 1St Street | | 03 / 04 / 2010 |
| City | State Zip Code | Transaction ID: 31415139 |
| Butler | PA 16001-4767 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 365.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |
| Full Name (Last, First, Middle Initial) Dr Mark D Pifer | | Date of Receipt |
| Mailing Address 1627 Cedar Point Rd | | 03 / 04 / 2010 |
| City | State Zip Code | Transaction ID: 31415140 |
| Sandusky | OH 44870-5210 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 1115.00 |
| TOTAL This Period (last page this line number | · | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 21 / 120 (check only one) X |
|---|------------------------|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F | the name and add | dress of any political committee to | on for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) Dr Brian J Weber Mailing Address 3 Campbell Road | | | Date of Receipt |
| City | State | Zip Code | 0 3 0 4 2 0 1 0 Transaction ID: 31415144 |
| Bedford FEC ID number of contributing federal political committee. | C | 03110-4504 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Self Employed Receipt For: | | n f Optometry e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | Aggregate | 1050.00 | |
| Full Name (Last, First, Middle Initial) Dr Michael Robert Schmit Mailing Address 5122 Breckenridge | Drive | | Date of Receipt 0 3 |
| City State Zip Code | | | Transaction ID: 31416339 |
| <u>Cincinnati</u> OH | | 45247-3306 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 240.00 |
| Name of Employer Self Employed | Occupatio Doctor of | n f Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 240.00 | |
| Full Name (Last, First, Middle Initial) Dr Mark E Allmaras | • | | Date of Receipt |
| Mailing Address 3107 Kesterel St | | | 03 03 2010 |
| City | State | Zip Code | Transaction ID: 31416344 |
| Valparaiso FEC ID number of contributing federal political committee. | C | 46383-7090 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optional | al) | | 1490.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports a | for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 22 / 120 (check only one) X | | | | |
|--|--|--|--|--|--|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association | g the name and address of any political committee to s | solicit contributions from such committee. | | | | |
| Full Name (Last, First, Middle Initial) | Tollical Action Committee | T | | | | |
| Dr James Oliver Morse | Dr James Oliver Morse | | | | | |
| Mailing Address Po Box 106 | | 03 03 2010 | | | | |
| City | State Zip Code | Transaction ID: 31416351 | | | | |
| Middle Granville | NY 12849-0106 | Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | 500.00 | | | | |
| Name of Employer Self Employed | Occupation Doctor of Optometry | 1 | | | | |
| Receipt For: Primary Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | | | | |
| Full Name (Last, First, Middle Initial) Dr Teruo Watanabe | | Date of Receipt | | | | |
| Mailing Address 3311 S Olaf Hill Dr | r | 03 03 7 2010 | | | | |
| City | State Zip Code | Transaction ID: 31416357 | | | | |
| Hacienda Heights | CA 91745-6142 | Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | 250.00 | | | | |
| Name of Employer Self Employed | Occupation Doctor of Optometry |] | | | | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 250.00 | | | | | |
| Full Name (Last, First, Middle Initial) Dr Charles A Richards | | Date of Receipt | | | | |
| Mailing Address 16250 Monache Ro | d | 03 03 7 2010 | | | | |
| City Apple Valley | State Zip Code CA 92307-1409 | Transaction ID: 31416363 Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | 250.00 | | | | |
| Name of Employer Self Employed | Occupation Doctor of Optometry | 1 | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | | | | |
| SUBTOTAL of Receipts This Page (option | al) | 1000.00 | | | | |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 23 / 120 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|---|--|
| Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) American Optometric Association | and Statements may not be sold or used by any per ng the name and address of any political committee n Political Action Committee | rson for the purpose of soliciting contributions to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr Diana W Gilbert Mailing Address 8629 N Pavillion City West Chester FEC ID number of contributing federal political committee. Name of Employer Self Employed | State Zip Code OH 45069-4885 C Occupation Doctor of Optometry | Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 31416365 Amount of Each Receipt this Period 250.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr Dennis E Curtis Mailing Address 605 S Third City Hugo | State Zip Code OK 74743 | Date of Receipt M M M / D D / Y Y Y Y Y 0 3 |
| FEC ID number of contributing federal political committee. Name of Employer Self Employed | Occupation Doctor of Optometry | 250.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr Scott Smith Weaver Mailing Address 50 Doersam Ct | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City York FEC ID number of contributing federal political committee. | State Zip Code PA 17406-6916 C | Transaction ID: 31416367 Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (option | nal) | 750.00 |

| SCHEDULE A (F | • | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 24 / 120 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|------------------------------------|---|---|
| or for commercial purpose NAME OF COMMITT | es, other than using the name and | address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Dr Alison A Arrants Mailing Address P (City Rock Springs FEC ID number of corfederal political commi Name of Employer Self Employed | State WY otributing ttee. Occupa | 82902-2250 | Date of Receipt 0 3 |
| Receipt For: Primary Other (specify) | Aggreç General | gate Year-to-Date 250.00 | |
| Full Name (Last, First, Dr Robert L Jarrell, III Mailing Address 50 | Cedar Hill Rd | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Albuquerque FEC ID number of corfederal political commi | | Zip Code 87122-1928 | Transaction ID: 31416667 Amount of Each Receipt this Period 200.00 |
| Name of Employer Self Employed Receipt For: Primary Other (specify) | General Aggrec | ation r of Optometry gate Year-to-Date ▼ 600.00 | |
| Full Name (Last, First, Dr Lori Ann Youngman Mailing Address 45 | | | Date of Receipt 0 3 0 6 2 0 1 0 |
| City Camas FEC ID number of cor | State WA tributing | Zip Code 98607-8302 | Transaction ID: 31416669 Amount of Each Receipt this Period 166.67 |
| federal political commi Name of Employer Self Employed | Occupa | ation r of Optometry | 100.07 |
| Receipt For: Primary Other (specify) | Aggreç General | gate Year-to-Date ▼ 500.01 | |
| SUBTOTAL of Receipts | This Page (optional) |) | 616.67 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 25 / 120 (check only one) X |
|----------|--|---|---|---|
| | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Politic | name and addr | ess of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| , A. | Full Name (Last, First, Middle Initial) Dr Steven Arthur Loomis | | | Date of Receipt |
| | Mailing Address 6436 Spotted Fawn Rui | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| | City Littleton | State CO | Zip Code | Transaction ID: 31416673 |
| | FEC ID number of contributing federal political committee. | C | 80125-9055 | Amount of Each Receipt this Period 200.00 |
| | Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | Occupation Doctor of Aggregate | Optometry Year-to-Date ▼ | |
| - В. | Full Name (Last, First, Middle Initial) Dr Rebecca H Wartman Mailing Address 46 Lambeth Walk | | | Date of Receipt |
| | City Fairview FEC ID number of contributing federal political committee. | State NC | Zip Code 28730-7721 | 0 3 0 7 2 0 1 0 Transaction ID: 31416675 Amount of Each Receipt this Period 200.00 |
| | Name of Employer Self Employed | Occupation Doctor of | Ontometry | |
| | Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 600.00 | |
| с. С. | Full Name (Last, First, Middle Initial) Dr Randolph E Brooks | | | Date of Receipt |
| | Mailing Address 3 Schindler Drive | | | 03 7 7 2010 |
| | City <u>Succasunna</u> | State NJ | Zip Code 07876-1183 | Transaction ID: 31416678 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 200.00 |
| | Name of Employer Self Employed | Occupation Doctor of | Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 600.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | > | 600.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 26 / 120 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F | nd Statements may not be sold or used by any person the name and address of any political committee to se Political Action Committee | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr Barbara L Horn Mailing Address 61269 Coralburst D City Washington | or State Zip Code MI 48094-1746 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) | Occupation Doctor of Optometry Aggregate Year-to-Date 477.27 | 159.09 |
| Full Name (Last, First, Middle Initial) Dr James Maxwell Ernst Mailing Address 14 Bittersweet Dr City Alexandria FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) | State Zip Code KY 41001-1300 C Occupation Doctor of Optometry Aggregate Year-to-Date 500.00 | Date of Receipt M M O O O O O O O O O O O O O O O O O |
| Full Name (Last, First, Middle Initial) Dr John W Heltsley Mailing Address 405 Warwick Way City Hopkinsville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) | State Zip Code KY 42240-1408 C Occupation Doctor of Optometry Aggregate Year-to-Date 600.00 | Date of Receipt M M M / D D D / Y Y Y Y Y Y Transaction ID: 31424702 Amount of Each Receipt this Period 300.00 |
| SUBTOTAL of Receipts This Page (optional | l) > | 959.09 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports an | Use separate schedule(s) for each category of the Detailed Summary Page d Statements may not be sold or used by any person | FOR LINE NUMBER: PAGE 27 / 120 (check only one) X |
|--|---|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F | the name and address of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr Carey A Patrick Mailing Address 970 Patrician Court | | Date of Receipt |
| | | 03 09 2010 |
| City <u>Fairview</u> | State Zip Code TX 75069-8781 | Transaction ID: 31424704 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |
| Full Name (Last, First, Middle Initial) Dr Mark J Cook | | Date of Receipt |
| Mailing Address 5698 Mountain Roa | d | 03 |
| City | State Zip Code | Transaction ID: 31424705 |
| Brighton FEC ID number of contributing federal political committee. | MI 48116-9732 | Amount of Each Receipt this Period 100.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |
| Full Name (Last, First, Middle Initial) Dr R. Scott Wooley | | Date of Receipt |
| Mailing Address 34 Stoneforge Pike | | 03 05 7 2010 |
| City Flora | State Zip Code IL 62839-2325 | Transaction ID: 31424894 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1200.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1200.00 | |
| SUBTOTAL of Receipts This Page (optional |) > | 1400.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 28 / 120 (check only one) X |
|------------------------|---|-----------------------|---|---|
| A | ny information copied from such Reports and strong commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol | e name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| ∠ \ . | Full Name (Last, First, Middle Initial) Dr James C Leadingham Mailing Address 2135 Rt 1185 | | | Date of Receipt 0 3 |
| | City | State | Zip Code | Transaction ID: 31424895 |
| | Louisa FEC ID number of contributing federal political committee. | C | 41230 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | | f Optometry e Year-to-Date ▼ 500.00 | 1 |
| B. | Full Name (Last, First, Middle Initial) Dr William H Stephen Mailing Address 4808 Tannery Place | | | Date of Receipt |
| | City | State | Zip Code | 0 3 0 5 2 0 1 0 Transaction ID: 31424918 |
| | <u>Tampa</u> | FL | 33624-4532 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 365.00 |
| | Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 365.00 | |
| . – | Full Name (Last, First, Middle Initial) Dr Gretchen L Langkawel | | | Date of Receipt |
| | Mailing Address 1685 Hilltop Ln | | | 03 / 05 / Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 31424921 |
| | Cottondale FEC ID number of contributing federal political committee. | C | 35453-1363 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Self Employed | Occupatio Doctor o | n f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 250.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | <u> </u> | | 1115.00 |

| SCHEDULE A (FEC F ITEMIZED RECEIPTS Any information copied from such | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 29 / 120 (check only one) X |
|--|---------------------------|---|--|
| or for commercial purposes, other NAME OF COMMITTEE (In F American Optometric Ass | than using the name and a | ddress of any political committee | to solicit contributions from such committee. |
| Full Name (Last, First, Middle I Dr Michael Gabriel Stamboly Mailing Address 401 5Th S | | | Date of Receipt |
| | | 7'- 0-1- | 03 05 2010 |
| City Atlanta | State GA | Zip Code 30308-2022 | Transaction ID: 31424936 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 30000 2022 | 500.00 |
| Name of Employer Self Employed | Occupati Doctor | on of Optometry | |
| Receipt For: Primary Genera Other (specify) ▼ | | te Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle I Dr Stacie Layne Virden | | | Date of Receipt |
| Mailing Address 2432 Lake | Air Drive State | Zip Code | 03 / 10 / 2010 |
| Waco | TX | 76710-1611 | Transaction ID: 31426434 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 84.09 |
| Name of Employer Self Employed | Occupati Doctor | on of Optometry | |
| Receipt For: Primary Genera Other (specify) ▼ | | te Year-to-Date ▼ 252.27 | |
| Full Name (Last, First, Middle I Dr Joe Ernest Ellis | nitial) | | Date of Receipt |
| Mailing Address 179 Wood | Trace | | 0 3 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 31426439 |
| Benton | KY | 42025-9400 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 166.67 |
| Name of Employer Self Employed | Occupati Doctor | on of Optometry | |
| Receipt For: Primary Genera Other (specify) ▼ | 00 0 | te Year-to-Date ▼ 500.01 | |
| SUBTOTAL of Receipts This Pa | | | 750.76 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 30 / 120 (check only one) X |
|--|---|--|
| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F | d Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee | on for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) | | Date of Descire |
| Dr Gregory C Russell Mailing Address 2505 Rivermont Cir | cle | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 31426440 |
| Kingsport | TN 37660-2392 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 83.33 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 249.99 | |
| Full Name (Last, First, Middle Initial) Dr David S Mora | | Date of Receipt |
| Mailing Address 1818 Fremont | | 03 05 7 2010 |
| City | State Zip Code | Transaction ID: 31426479 |
| <u>Laredo</u> | TX 78043-2605 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr Timothy D Johnson | | Date of Receipt |
| Mailing Address 12 Northridge Rd P O Box 517 | | 03 / 05 / Y Y Y Y |
| City | State Zip Code | Transaction ID: 31426482 |
| Bellows Falls | VT 05101-3126 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 300.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |
| SUBTOTAL of Receipts This Page (optional |) | 883.33 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 31 / 120 (check only one) X |
|---|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association I | nd Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr Michael P Gilliland Mailing Address 6563 Masefield Stro | | Date of Receipt 0 3 0 5 2 0 1 0 |
| City Worthington | State Zip Code OH 43085-3032 | Transaction ID: 31426483 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | Occupation Doctor of Optometry Aggregate Year-to-Date 250.00 | |
| Full Name (Last, First, Middle Initial) Dr Jerry L Mc Combs Mailing Address 800 Magnolia Stree | et . | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 31426486 |
| Teague | TX 75860-2220 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr Travis L Kinderknecht Mailing Address P O Box 143 125 Garfield St | • | Date of Receipt M |
| City | State Zip Code | Transaction ID: 31426487 |
| Quinter FEC ID number of contributing federal political committee. | KS 67752-0143 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| SURTOTAL of Receipts This Page (ontions | (le | 750.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 32 / 120 (check only one) X |
|--|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F | nd Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr Paul A Williams Mailing Address 4211 Alabaster Ln | Se | Date of Receipt |
| City Lacey | State Zip Code WA 98503-2191 | Transaction ID: 31426491 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Self Employed | Occupation | 500.00 |
| Self Employèd Receipt For: Primary General Other (specify) ▼ | Doctor of Optometry Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr Michael J Guilbert Mailing Address 14 Harrison | | Date of Receipt 0 3 0 5 2 0 1 0 |
| City | State Zip Code | Transaction ID: 31426497 |
| Deadwood | SD 57732-1402 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr David P Guhl | • | Date of Receipt |
| Mailing Address 5170 Wild Rose La | ine | 03 05 2010 |
| City | State Zip Code | Transaction ID: 31426512 |
| Colorado Spgs FEC ID number of contributing federal political committee. | CO 80918-3966 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optional | | 1250.00 |

| SCHEDULE A (ITEMIZED REC | • | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NU (check only or X 11a | |
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| Any information copied to or for commercial purpo NAME OF COMMIT | ses, other than using the r | atements may name and add | not be sold or used by any perdress of any political committee | son for the purpos to solicit contribution | e of soliciting contributions ons from such committee. |
| American Optom | etric Association Politi | cal Action (| Committee | | |
| Full Name (Last, Firs Dr Brad Lee Steger Mailing Address 1 | , | | | Date of Re | <u> </u> |
| | 12 Houston St | | | 0 3 | 05 2010 |
| City Borger | | State TX | Zip Code 79007-6420 | | on ID: 31426515 |
| FEC ID number of confederal political comm | | C | 79007-0420 | Amount or | Each Receipt this Period 250.00 |
| Name of Employer Self Employed | | Occupation Doctor of | n Optometry | | |
| Receipt For: Primary Other (specify) | General ▼ | Aggregate | Year-to-Date ▼ 250.00 | | |
| Full Name (Last, Firs Dr Douglas C Beemer Mailing Address P | | | | Date of Re | · |
| | | | | 0 3 | 05 2010 |
| City Pierre | | State SD | Zip Code 57501-1234 | | on ID: 31426516 Each Receipt this Period |
| FEC ID number of confederal political comm | | C | 3/301-1234 | Amount of | 250.00 |
| Name of Employer Self Employed | | Occupation Doctor of | n Optometry | | |
| Receipt For: Primary Other (specify) | General ▼ | Aggregate | Year-to-Date ▼ 250.00 | | |
| Full Name (Last, First Dr John Loucopoulos | st, Middle Initial) | | | Date of Re | eceipt |
| Mailing Address 5 | Hammonassett Mead | ows Rd | | 0 3 | 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | | State | Zip Code | | on ID: 31426522 |
| Madison FEC ID number of confederal political communications and the second sec | | CT | 06443-2011 | Amount of | Each Receipt this Period 250.00 |
| Name of Employer Self Employed | | Occupation Doctor of | n Optometry | | |
| Receipt For: Primary Other (specify) | General ▼ | | Year-to-Date ▼ 250.00 | | |
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| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 34 / 120 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|--|---|
| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association I | nd Statements may not be sold or used by any per- the name and address of any political committee | son for the purpose of soliciting contributions to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) | Sandar Addion Committee | |
| Dr. Stephen M Montaquila Mailing Address 28 Peveril Road | | Date of Receipt Date of Receipt |
| City | State Zip Code | Transaction ID: 31426523 |
| Cranston | RI 02921-2422 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr Tracy J Waner | I | Date of Receipt |
| Mailing Address 1002 Linda Ct | | 03 / 05 / Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 31426525 |
| Newport | NC 28570-9349 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 365.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |
| Full Name (Last, First, Middle Initial) Dr Matthew R Waner | | Date of Receipt |
| Mailing Address 1002 Linda Court | | 03 05 7 2010 |
| City | State Zip Code | Transaction ID: 31426526 |
| Newport | NC 28570-9349 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 365.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |
| | • | 1230.00 |

| SCHEDULE A (FEC Form | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 35 / 120 (check only one) X |
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| Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) American Optometric Associatio | s and Statements may not be sold or used by any persoing the name and address of any political committee to n Political Action Committee | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr Weslie M Hamada Mailing Address 505 Avocado Str | eet | Date of Receipt |
| City | State Zip Code | 0 3 0 5 2 0 1 0 Transaction ID: 31426531 |
| Wahiawa FEC ID number of contributing federal political committee. | HI 96786-1822 | Amount of Each Receipt this Period 300.00 |
| Name of Employer Self Employed Receipt For: | Occupation Doctor of Optometry Aggregate Year-to-Date ▼ | - |
| Primary General Other (specify) ▼ | 300.00 | |
| Full Name (Last, First, Middle Initial) Dr Amy D Kirkpatrick Hartman Mailing Address 105 Park View D | rive | Date of Receipt |
| City Victoria | State Zip Code TX 77904 | Transaction ID: 31426532 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 365.00 |
| Name of Employer Self Employed Receipt For: | Occupation Doctor of Optometry Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 365.00 | |
| Full Name (Last, First, Middle Initial) Dr Mark W Harris | | Date of Receipt |
| Mailing Address 137 Pasture Driv | | 03 / 05 / 4 4 4 4 |
| City <u>Manchester</u> | State Zip Code NH 03102-4961 | Transaction ID: 31426605 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (option | onal) | 1165.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 36 / 120 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F | nd Statements may not be sold or used by any pers the name and address of any political committee to Political Action Committee | son for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr Bruce D Krutsinger Mailing Address 15901 Tahoe Dr | | Date of Receipt |
| City Houston FEC ID number of contributing | State Zip Code TX 77040-1243 | Transaction ID: 31427198 Amount of Each Receipt this Period |
| Receipt For: Primary Other (specify) | Occupation Doctor of Optometry Aggregate Year-to-Date 300.00 | 100.00 |
| Full Name (Last, First, Middle Initial) Dr Larry D Sumner Mailing Address 1343 Carlyle Park (| Circle | Date of Receipt 0 3 |
| City Highlands Ranch FEC ID number of contributing federal political committee. | State Zip Code CO 80129-6974 | Transaction ID: 31438626 Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | Occupation Doctor of Optometry Aggregate Year-to-Date 250.00 | |
| Full Name (Last, First, Middle Initial) Dr Dennis A Swarner Mailing Address Box 1669 | | Date of Receipt 0 3 1 2 2 0 1 0 |
| City Kenai FEC ID number of contributing federal political committee. | State Zip Code AK 99611-7744 | Transaction ID: 31438632 Amount of Each Receipt this Period 84.00 |
| Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 252.00 | |
| SUBTOTAL of Receipts This Page (optional | l) | 434.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 37 / 120 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any pers the name and address of any political committee to | |
| American Optometric Association P | olitical Action Committee | |
| Full Name (Last, First, Middle Initial) Dr Charlotte F Nielsen | | Date of Receipt |
| Mailing Address 118 Whitehall Court City | State Zip Code | 0 3 1 2 2 0 1 0 Transaction ID: 31438634 |
| Grayslake | IL 60030-3492 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |
| Full Name (Last, First, Middle Initial) Dr Sheryl A Lentfer | | Date of Receipt |
| Mailing Address 1345 West 9Th Avel | nue | 03 / 12 / Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 31438635 |
| Anchorage | AK 99501-3236 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 84.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 252.00 | |
| Full Name (Last, First, Middle Initial) Dr Edward M Kosnoski | | Date of Receipt |
| Mailing Address 305 Kensington Ave | | 03 / 00 / 2010 |
| City Kent | State Zip Code WA 98030-7004 | Transaction ID: 31438637 |
| FEC ID number of contributing federal political committee. | C 98030-7004 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | 7 |
| Other (specify) ▼ | 250.00 | |
| CURTOTAL of Descints This Dags (antique) | <u> </u> | 434.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 38 / 120 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association P | d Statements may not be sold or used by any person the name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) | Ontical Action Committee | T |
| Dr G. Chad Green | | Date of Receipt |
| Mailing Address 5960 Co Rd 19 | | 03 14 2010 |
| City | State Zip Code | Transaction ID: 31459450 |
| Linden | AL 36748 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 100.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | _ |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |
| Full Name (Last, First, Middle Initial) Dr Markus I Barth | | Date of Receipt |
| Mailing Address 1346 Heller Drive | | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 31459451 |
| Yardley | PA 19067-2714 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 66.67 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.01 | |
| Full Name (Last, First, Middle Initial) Dr Rhett Hamer Richardson | | Date of Receipt |
| Mailing Address 373 Goss Lane | | 03 12 2010 |
| City | State Zip Code | Transaction ID: 31464645 |
| <u>Barnwell</u> | SC 29812-6435 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optional |) | 416.67 |

TOTAL This Period (last page this line number only)

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 39 / 120 (check only one) X |
|----------|---|--------------------------------|---|---|
| 0 | ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | y not be sold or used by any persidress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | American Optometric Association Po | litical Action | Committee | |
| ۷. | Full Name (Last, First, Middle Initial) Dr Reginald H Jones | | | Date of Receipt |
| | Mailing Address 71 Cottage Circle | 01-1- | 7'- 0-1- | 03 / 12 / 2010 |
| | City West Lebanon | State NH | Zip Code 03784-1438 | Transaction ID: 31464649 |
| | FEC ID number of contributing federal political committee. | C | 03704-1430 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Self Employed | Occupation Doctor o | n f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr Larry M Scheele Mailing Address 290 Idle Lake Ct | | | Date of Receipt |
| | Walling Address 250 fulle Lake Of | | | 03 12 2010 |
| | City | State | Zip Code | Transaction ID: 31464651 |
| | Sumter FEC ID number of contributing federal political committee. | SC C | 29150-1128 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Self Employed | Occupation Doctor o | n f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) Dr Sidney J Stern | | | Date of Receipt |
| | Mailing Address 2013 Fisher Island Dr | | | 03 12 2010 |
| | City Miami Beach | State FL | Zip Code 33109-0023 | Transaction ID: 31464683 |
| | FEC ID number of contributing federal political committee. | C | 33109-0023 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Self Employed | Occupation Doctor o | n f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | | | 1250.00 |
| | TOTAL This Period (last page this line numbe | | | |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | 3X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 40 / 120 (check only one) |
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| Any information copied from such Report or for commercial purposes, other than u | ts and Statements may sing the name and add | y not be sold or used by any persidress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Optometric Association | - | • | |
| Full Name (Last, First, Middle Initial) Dr David W Hamill | | | Date of Receipt |
| Mailing Address 3309 W Hampto | on Pointe Dr | | 03 12 2010 |
| City Florence | State SC | Zip Code 29501-8678 | Transaction ID: 31464685 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1000.00 |
| Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr B. Scott Fine | I | | Date of Receipt |
| Mailing Address 170 Heatherston | ne Lane | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 31464713 |
| Rochester FEC ID number of contributing federal political committee. | C | 14618-4866 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr Phillip Ray Fruge | | | Date of Receipt |
| Mailing Address Rt 6 Box 71 8 | | | 03 10 2010 |
| City Harlingen | State TX | Zip Code 78552-9806 | Transaction ID: 31464716 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 70002 0000 | 250.00 |
| Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (opt | ional) | | 1500.00 |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 41 / 120 (check only one) X 11a |
|---|--|---|
| Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full) American Optometric Association | s and Statements may not be sold or used by any person sing the name and address of any political committee to an Political Action Committee | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr Cynthia Ann Cid Mailing Address 217 Saddlemoun | ntain Rd | Date of Receipt 0 3 1 0 2 0 1 0 |
| City | State Zip Code | Transaction ID: 31464722 |
| Colorado Spgs FEC ID number of contributing federal political committee. | CO 80919-2106 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 500.00 | |
| Full Name (Last, First, Middle Initial) Dr J. Eric Paulsen Mailing Address 1801 Memorial I | Or | Date of Receipt 0 3 1 0 2 0 1 0 |
| City | State Zip Code | Transaction ID: 31464723 |
| Sturgeon Bay FEC ID number of contributing federal political committee. | WI 54235-1064 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 |] |
| Full Name (Last, First, Middle Initial) Dr Jerry M Winston | 1 | Date of Receipt |
| Mailing Address 900 Harbor Poin | te Way | 03 10 2010 |
| City Knoxville | State Zip Code TN 37922-4153 | Transaction ID: 31464725 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C 3/322-4133 | 500.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| SURTOTAL of Receipts This Page (opti | onal) | 1500.00 |

| A. Pull Name (Last, First, M Dr Edward Todd Jacobs Mailing Address 407 N Full Name (Last, First, M Dr Barry A Winston Mailing Address 586 A City Knoxville FEC ID number of contrifederal political committed Self Employed Receipt For: Primary Other (specify) Tell Name (Last, First, M Dr Edward Todd Jacobs Mailing Address 407 N City Mt Sterling FEC ID number of contrifederal political committed Self Employed Receipt For: Primary Other (specify) Tell Name of Employer Self Employed Receipt For: Primary Other (specify) Tell Name (Last, First, M Dr Robert Vernon Glaze, J | other than using the name and (In Full) Association Political Actividate Initial) Arrowhead Trail State TN Dutting Doctor Aggre iddle Initial) Jevada Ave State KY Dutting C C C C C C C C C C C C C | d address of any political committee to ion Committee e Zip Code 37919 coation or of Optometry egate Year-to-Date 500.00 | Date of Receipt Date of Receipt Transaction ID: 31464728 Date of Receipt Date of Receip |
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| Full Name (Last, First, M Dr Barry A Winston Mailing Address 586 A City Knoxville FEC ID number of contril federal political committee Name of Employer Self Employed Receipt For: Primary Other (specify) Full Name (Last, First, M Dr Edward Todd Jacobs Mailing Address 407 N City Mt Sterling FEC ID number of contril federal political committee Name of Employer Self Employed Receipt For: Primary Other (specify) Full Name (Last, First, M Other (specify) Full Name (Last, First, M Other (specify) Full Name (Last, First, M Dr Robert Vernon Glaze, J | Arrowhead Trail State TN Dutting E. Occup Doctor Aggre ddle Initial) Ilevada Ave State KY Dutting C C C C C C C C C C C C C | e Zip Code 37919 Dation or of Optometry egate Year-to-Date 500.00 | Transaction ID: 31464726 Amount of Each Receipt this Period Date of Receipt M M M D D D D D D D D D D D D D D D D |
| A. Dr Barry A Winston Mailing Address 586 A City Knoxville FEC ID number of contril federal political committee Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, M Dr Edward Todd Jacobs Mailing Address 407 N City Mt Sterling FEC ID number of contril federal political committee Name of Employer Self Employer Self Employed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, M Dr Robert Vernon Glaze, J | State TN Dutting Dutting Doctor Doctor Doctor Doctor Doctor Doctor Aggre ddle Initial) Ievada Ave State KY Dutting Doctor C | ation or of Optometry egate Year-to-Date ▼ 500.00 E Zip Code | Transaction ID: 31464726 Amount of Each Receipt this Period Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Knoxville FEC ID number of contril federal political committee Name of Employer Self Employed Receipt For: Primary Other (specify) Full Name (Last, First, M Dr Edward Todd Jacobs Mailing Address 407 N City Mt Sterling FEC ID number of contril federal political committee Name of Employer Self Employed Receipt For: Primary Other (specify) Full Name (Last, First, M Dr Robert Vernon Glaze, J | State TN Occup Docto Aggre iddle Initial) levada Ave State KY Outing C | ation or of Optometry egate Year-to-Date ▼ 500.00 E Zip Code | Date of Receipt Date of Receipt Date of Rec |
| Knoxville FEC ID number of contril federal political committee Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, M Dr Edward Todd Jacobs Mailing Address 407 N City Mt Sterling FEC ID number of contril federal political committee Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, M Dr Robert Vernon Glaze, J | Douting C Occup Doctor Aggree and Aggree State KY Douting C Occup Doctor Aggree C Occup Doctor | ation or of Optometry egate Year-to-Date ▼ 500.00 E Zip Code | Date of Receipt Date of Receipt M M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| FEC ID number of contril federal political committee Name of Employer Self Employed Receipt For: Primary Other (specify) Full Name (Last, First, M Dr Edward Todd Jacobs Mailing Address 407 N City Mt Sterling FEC ID number of contril federal political committee Name of Employer Self Employed Receipt For: Primary Other (specify) | Occup Docto Aggre Iddle Initial) Jevada Ave State KY Dutting E. C | poation or of Optometry egate Year-to-Date ▼ 500.00 E Zip Code | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Receipt For: Primary Other (specify) Full Name (Last, First, M Dr Edward Todd Jacobs Mailing Address 407 N City Mt Sterling FEC ID number of contril federal political committee Name of Employer Self Employed Receipt For: Primary Other (specify) | Aggre deneral Aggre deleneral Aggre State KY Dutting E. | egate Year-to-Date 500.00 | Transaction ID: 31464728 Amount of Each Receipt this Period |
| Primary Other (specify) Full Name (Last, First, M Dr Edward Todd Jacobs Mailing Address 407 N City Mt Sterling FEC ID number of contril federal political committee Name of Employer Self Employed Receipt For: Primary Other (specify) Full Name (Last, First, M Dr Robert Vernon Glaze, J | ddle Initial) Jevada Ave State KY Duting e. | 500.00 e Zip Code | Transaction ID: 31464728 Amount of Each Receipt this Period |
| Dr Edward Todd Jacobs Mailing Address 407 N City Mt Sterling FEC ID number of contril federal political committee Name of Employer Self Employed Receipt For: Primary Other (specify) Full Name (Last, First, M Dr Robert Vernon Glaze, J | State KY Duting e. | · | Transaction ID: 31464728 Amount of Each Receipt this Period |
| City Mt Sterling FEC ID number of contril federal political committee Name of Employer Self Employed Receipt For: Primary Other (specify) Full Name (Last, First, M Dr Robert Vernon Glaze, J | State KY Dutting e. | · | Transaction ID: 31464728 Amount of Each Receipt this Period |
| Mt Sterling FEC ID number of contril federal political committee Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, M Dr Robert Vernon Glaze, J | buting C | · | Amount of Each Receipt this Period |
| FEC ID number of contril federal political committee Name of Employer Self Employed Receipt For: Primary Other (specify) Full Name (Last, First, M Dr Robert Vernon Glaze, J | outing e. | 40335-1033 | |
| Receipt For: Primary Other (specify) Full Name (Last, First, M Dr Robert Vernon Glaze, J | | | |
| Primary Other (specify) Full Name (Last, First, M Dr Robert Vernon Glaze, J | | oation or of Optometry | |
| Dr Robert Vernon Glaze, J | Aggre | egate Year-to-Date ▼ 250.00 | |
| Mailing Address 5097 | , | | Date of Receipt |
| | 165Th PI, Se | | 03 10 2010 |
| City | State | ' | Transaction ID: 31464730 |
| Bellevue FEC ID number of contril federal political committe | | 98006-5511 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed | Occup | pation or of Optometry | |
| Receipt For: Primary Other (specify) ▼ | | egate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts Th | is Page (ontional) | | 1000.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 43 / 120 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|---|---|
| Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association | nd Statements may not be sold or used by any per g the name and address of any political committee Political Action Committee | son for the purpose of soliciting contributions to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr David Robert Anderson Mailing Address 707 Williamsburg City Tarboro | Drive State Zip Code NC 27886-3354 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| FEC ID number of contributing federal political committee. Name of Employer | Occupation | 500.00 |
| Self Employed TReceipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | Doctor of Optometry Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr Staci Perea Mc Mullen Mailing Address 13886 Single Leaf | Ct | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 31464738 |
| Colorado Spgs | CO 80921-2969 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr Robert Carl Layman | • | Date of Receipt |
| Mailing Address 4937 Homerdale A | | 03 / 15 / 2010 |
| City | State Zip Code | Transaction ID: 31465579 |
| Toledo FEC ID number of contributing federal political committee. | OH 43623-2930 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (options | | 1500.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 44 / 120 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|---|---------------------------------|--|---|
| 4 | ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma ne name and ad | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | American Optometric Association Po | olitical Action | Committee | |
| ۱. | Full Name (Last, First, Middle Initial) Dr Gregory Allen Browning Mailing Address 1 Fairwood Lane | | | Date of Receipt |
| | | Stata | Zip Code | 03 16 2010 |
| | City Ceredo | State WV | 25507 | Transaction ID: 31465663 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer Self Employed | Occupation Doctor o | n f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 300.00 | |
| - s. | Full Name (Last, First, Middle Initial) Dr Jennifer L Planitz Mailing Address 3537 New Castle Dr | Se | | Date of Receipt |
| | | | | 03 17 2010 |
| | City Rio Rancho | State NM | Zip Code 87124-3672 | Transaction ID: 31468470 |
| | FEC ID number of contributing federal political committee. | C | 07124-3072 | Amount of Each Receipt this Period 200.00 |
| | Name of Employer Self Employed | Occupation Doctor o | n f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 600.00 | |
| | Full Name (Last, First, Middle Initial) Dr Craig F Clatanoff | | | Date of Receipt |
| | Mailing Address 3537 Newcastle Dr S | Se | | 03 17 2010 |
| | City | State | Zip Code | Transaction ID: 31468471 |
| | Rio Rancho FEC ID number of contributing federal political committee. | C | 87124-3672 | Amount of Each Receipt this Period 100.00 |
| | Name of Employer Self Employed | Occupation Doctor o | n f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 300.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 400.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | ^) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 45 / 120 (check only one) |
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| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may the name and add | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Optometric Association F | | • • | |
| Full Name (Last, First, Middle Initial) Dr Kathy Chriqui | | | Date of Receipt |
| Mailing Address 18211 Calvert St | | | 0 3 1 5 2 0 1 0 |
| City | State | Zip Code | Transaction ID: 31476270 |
| Tarzana FEC ID number of contributing federal political committee. | CA | 91335-7002 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr John D Emch | I | | Date of Receipt |
| Mailing Address Po Box 93 | | | 0 3 1 5 2 0 1 0 |
| City Archbold | State OH | Zip Code 43502-0093 | Transaction ID: 31478760 |
| FEC ID number of contributing federal political committee. | C | 45502-0095 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| Receipt For: | | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 250.00 | |
| Full Name (Last, First, Middle Initial) Dr J. Travis Yadon | | | Date of Receipt |
| Mailing Address 2109 Avian Way | | | 03 15 2010 |
| City | State | Zip Code | Transaction ID: 31478763 |
| Oklahoma City FEC ID number of contributing federal political committee. | OK C | 73170-3436 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| Receipt For: Primary General | - ' ' | e Year-to-Date ▼ 500.00 | 1 |
| Other (specify) | | | |
| | | | 1000.00 |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 46 / 120 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| or for commercial purposes, other than u | ts and Statements may not be sold or used by any personsing the name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| American Optometric Association | on Political Action Committee | |
| Full Name (Last, First, Middle Initial) Dr Clarke D Newman Mailing Address 9325 Stratford \ | Mov | Date of Receipt |
| Mailing Address 9323 Strationa V | vay | 03 15 2010 |
| City | State Zip Code | Transaction ID: 31478764 |
| Dallas | TX 75220-5084 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 2000.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |
| Full Name (Last, First, Middle Initial) Dr Richard A Kjome | | Date of Receipt |
| Mailing Address N11268 Pineyw | ood Drive | 03 15 2010 |
| City | State Zip Code | Transaction ID: 31478770 |
| Elcho | WI 54428 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) C. Dr William J Lapple | I | Date of Receipt |
| Mailing Address 8663 East Main | Road | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 31478771 |
| Le Roy | NY 14482-9717 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 365.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |
| SUBTOTAL of Receipts This Page (opt | tional) | 2615.00 |
| | number only) | |

| SCHEDULE A (FEC FOITTEMIZED RECEIPTS | for ea | separate schedule(s) ach category of the iled Summary Page | FOR LINE NUMBER: PAGE 47 / 120 (check only one) X |
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| or for commercial purposes, other the NAME OF COMMITTEE (In Full | eports and Statements may not be san using the name and address of site in a position and a pos | any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Ini Dr James L Boccuzzi Mailing Address 689 Mansfie City Storrs Mansfield FEC ID number of contributing federal political committee. Name of Employer Self Employed | d City Rd State Zip | Code 268-2728 | Date of Receipt M M M / D D / Y Y Y Y Y O 3 15 2010 Transaction ID: 31478772 Amount of Each Receipt this Period 2500.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to- | | |
| Full Name (Last, First, Middle Ini Dr David P Dozack Mailing Address 228 Timoth | Lane | Code | Date of Receipt M |
| Horseheads FEC ID number of contributing federal political committee. | | 345-1837 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Self Employed Receipt For: Primary General Other (specify) | Doctor of Optom Aggregate Year-to- | | |
| Full Name (Last, First, Middle Ini Dr Paul D Mormon Mailing Address 2207 Grand | al) oury Way Cove | | Date of Receipt |
| City Germantown | · | Code 139 | Transaction ID: 31479242 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Self Employed | Occupation | | 500.00 |
| Self Employed Receipt For: Primary General Other (specify) ▼ | Doctor of Optom Aggregate Year-to- | • | |
| SUBTOTAL of Receipts This Page | (optional) | | 4000.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 48 / 120 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| or for commercial purposes, other than using the | Statements may not be sold or used by any perso he name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Optometric Association Po | olitical Action Committee | |
| Full Name (Last, First, Middle Initial) Dr Richard M Soden Mailing Address 10 Smithtown Blvd | Apt 2A | Date of Receipt |
| City | State Zip Code | 0 3 1 6 2 0 1 0 Transaction ID: 31480594 |
| Smithtown | NY 11787 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 365.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |
| Full Name (Last, First, Middle Initial) Dr Karen R Wharton | | Date of Receipt |
| Mailing Address 11684 Ranch Elsie F | | 03 / 12 / 2010 |
| City | State Zip Code | Transaction ID: 31480778 |
| Golden | CO 80403-7307 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr Catherine M Ferentini | | Date of Receipt |
| Mailing Address 14 Birch Hill Drive | | 03 / 12 / Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 31480779 |
| West Hartford | CT 06107-3101 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | 1 |
| Other (specify) ▼ | 250.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 1115.00 |
| TOTAL This Period (last page this line numb | er only) | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 49 / 120 (check only one) X |
|------|---|--------------------------------|--|---|
| A or | ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | American Optometric Association Pol | itical Action | Committee | |
| | Full Name (Last, First, Middle Initial) Dr Mark Robert Hanson | | | Date of Receipt |
| | Mailing Address 2705 Butler Drive | | | 03 / 12 / 2010 |
| | City Arlington | State TX | Zip Code 76012-5362 | Transaction ID: 31480786 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| | Full Name (Last, First, Middle Initial) Dr Thaddeus O Daniel | I | | Date of Receipt |
| | Mailing Address 4635 Clearview Lane | | | 03 / 12 / 2010 |
| | City | State | Zip Code | Transaction ID: 31480787 |
| | Oneida FEC ID number of contributing federal political committee. | C | 54155-9280 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 500.00 | |
| | Full Name (Last, First, Middle Initial) Dr Dorothy L Hitchmoth | | | Date of Receipt |
| | Mailing Address Po Box 302 106 Davis Hill Road | | | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City | State NH | Zip Code | Transaction ID: 31480789 |
| | New London FEC ID number of contributing federal political committee. | C | 03257-0302 | Amount of Each Receipt this Period 166.00 |
| | Name of Employer Self Employed | Occupatio Doctor o | n f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | , ' | e Year-to-Date ▼ 518.00 | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 916.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 50 / 120 (check only one) X |
|---------|---|--------------------------------|---|---|
| , | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | ly not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | American Optometric Association Poli | itical Action | Committee | |
| Α. | Full Name (Last, First, Middle Initial) Diane T Ta | | | Date of Receipt |
| | Mailing Address 5062 Watergate Drive | | | 03 / 12 / 2010 |
| | City | State | Zip Code | Transaction ID: 31480792 |
| | Myrtle Beach | SC | 29588-6317 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Self Employed | Occupation Doctor of | on of Optometry | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 500.00 | |
| — В. | Full Name (Last, First, Middle Initial) Dr Jeffrey M Bieter | | | Date of Receipt |
| | Mailing Address W 11795 570Th Ave | | | 03 15 2010 |
| | City | State | Zip Code | Transaction ID: 31480801 |
| | Prescott | MN | 54021 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation Doctor of | on of Optometry | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 250.00 | |
| _ С. | Full Name (Last, First, Middle Initial) Dr Charles G Stevenson, III | | | Date of Receipt |
| | Mailing Address 66 Circle Drive | | | 03 / 15 / Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 31480805 |
| | Defuniak Springs | FL | 32435-2543 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation Doctor of | on of Optometry | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 250.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | I | 1000.00 |
| F | TOTAL This Period (last page this line number | | <u> </u> | |

| SCHEDULE A | (FEC Form 3X) CEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 51 / 120 (check only one) X |
|---|--|----------------------------------|---|---|
| or for commercial pur NAME OF COMM | poses, other than using the na | ame and add | lress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Dr Ronald Lee Hop | 1801 Creekside Dr f contributing mmittee. | State TX C Occupation Doctor of | Zip Code 77546-7821 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Receipt For: Primary Other (spec | | | Year-to-Date ▼ 545.46 | |
| Dr Desiree Tyer Ho | First, Middle Initial) pping 1801 Creekside Dr | | | Date of Receipt M |
| City Friendswood FEC ID number o federal political co | | State TX | Zip Code 77546-7821 | Transaction ID: 31496602 Amount of Each Receipt this Period 181.82 |
| Name of Employed Self Employed Receipt For: Primary Other (spec | General | | Optometry Year-to-Date ▼ 545.46 | |
| Full Name (Last, F Dr Lynn A Davis Mailing Address | First, Middle Initial) 1424 Tiffany Lane Se | | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Rio Rancho FEC ID number o | | State NM | Zip Code 87124-0976 | Transaction ID: 31496604 Amount of Each Receipt this Period 83.34 |
| federal political co Name of Employe Self Employed | | Occupation Doctor of | Optometry | 00.04 |
| Receipt For: Primary Other (spec | General | Aggregate | Year-to-Date ▼ 250.02 | |
| SUBTOTAL of Rece | eipts This Page (optional) | |) | 446.98 |

| | | | | _ |
|--|--|----------------------|--|--|
| | E A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 52 / 120 (check only one) |
| ITEMIZED | RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 |
| Any information of for commercia | copied from such Reports and Si | atements may | not be sold or used by any perso ress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | OMMITTEE (In Full) | | Toda of ally political committee to | |
| American C | Optometric Association Polit | ical Action C | Committee | |
| Full Name (La Dr Pamela L S | ast, First, Middle Initial) hepard | | | Date of Receipt |
| Mailing Addre | ss 960 E Paces Ferry Rd | Apt 233 | | 03 19 2010 |
| City | | State | Zip Code | Transaction ID: 31496605 |
| <u>Atlanta</u> | | GA | 30326-2847 | Amount of Each Receipt this Period |
| FEC ID numb federal politica | er of contributing al committee. | C | | 250.00 |
| Name of Emp Self Employed | loyer d | Occupation Doctor of | Optometry | |
| Receipt For: Primary Other (s | General specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | |
| Full Name (La | ast, First, Middle Initial) dd Munson | | | Date of Receipt |
| | ss 9940 S Ashleigh Way | | | 0 3 1 9 2 0 1 0 |
| City | | State | Zip Code | Transaction ID: 31496606 |
| <u>Highlands F</u> | Ranch | CO | 80126-4244 | Amount of Each Receipt this Period |
| FEC ID numb federal politica | er of contributing al committee. | C | | 165.29 |
| Name of Emp Self Employed | loyer d | Occupation Doctor of | Optometry | |
| Receipt For: | | Aggregate | Year-to-Date ▼ | |
| Primary Other (s | General specify) ▼ | | 512.39 | |
| Full Name (La Dr Susan M Br | ast, First, Middle Initial) runnett | | | Date of Receipt |
| Mailing Addre | ss 9940 S Ashleigh Way | | | 03 19 2010 |
| City | Danah | State | Zip Code | Transaction ID: 31496607 |
| Highlands F FEC ID numb federal politica | er of contributing | C | 80126-4244 | Amount of Each Receipt this Period 82.65 |
| Name of Emp Self Employed | loyer d | Occupation Doctor of | Optometry | |
| Receipt For: Primary Other (s | General specify) ▼ | | Year-to-Date ▼ 256.20 | |
| SUBTOTAL of | Receipts This Page (optional) | | . | 497.94 |

TOTAL This Period (last page this line number only)

| SCHEDULE A (FEITEMIZED RECEIP | • | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 53 / 120 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|---|---|---|---|
| Any information copied from sor for commercial purposes, NAME OF COMMITTEE | other than using the name and a | nay not be sold or used by any pers address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| American Optometric | Association Political Action | n Committee | |
| Full Name (Last, First, Mid Mr Richard Cornett Mailing Address Ohio (| , | | Date of Receipt |
| 250 E | Optometric Assn, Inc Wilson-Bridge Rd #240 | | 03 19 2010 |
| City | State OH | Zip Code | Transaction ID: 31496615 |
| Worthington FEC ID number of contrib federal political committee | uting | 43085-2350 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Ohio Optometric Associat on, Inc. Receipt For: Primary Other (specify) ▼ | Executi | ive Director ate Year-to-Date 250.00 | |
| Full Name (Last, First, Mid Dr Thomas E Nye Mailing Address 42 Ta | , | | Date of Receipt |
| | | | 03 20 2010 |
| City Hamilton | State OH | Zip Code 45013-5118 | Transaction ID: 31507192 |
| FEC ID number of contrib federal political committee | uting | 43013-3116 | Amount of Each Receipt this Period 86.36 |
| Name of Employer Self Employed | Occupat Doctor | tion of Optometry | |
| Receipt For: Primary Other (specify) | | ate Year-to-Date ▼ 259.08 | |
| Full Name (Last, First, Mic Dr Michael E Bennett | ddle Initial) | | Date of Receipt |
| Mailing Address 4940 | Victoria Place | | 03 21 2010 |
| City | State | Zip Code | Transaction ID: 31508579 |
| <u>Guthrie</u> | OK | 73044-8668 | Amount of Each Receipt this Period |
| FEC ID number of contrib federal political committee | | | 166.67 |
| Name of Employer Self Employed | Occupat Doctor | tion of Optometry | |
| Receipt For: Primary G Other (specify) ▼ | | ate Year-to-Date 500.01 | |
| SUBTOTAL of Receipts Th | in Page (entional) | | 503.03 |

| SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 54 / 120 (check only one) X |
|---|----------------------|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | | | |
| American Optometric Association Poli | itical Action (| Committee | |
| Full Name (Last, First, Middle Initial) Dr Julie Metzger Aubuchon Mailing Address 72 Belmont Ct | | | Date of Receipt |
| | | | 03 21 2010 |
| City | State | Zip Code | Transaction ID: 31508603 |
| Florence | KY | 41042-8986 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 365.00 |
| Name of Employer Self Employed | Occupation Doctor of | n Optometry | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0 0 | 456.25 | |
| Full Name (Last, First, Middle Initial) Dr Kathleen E Goff | <u> </u> | | Date of Receipt |
| Mailing Address 114 Crested Peak | | | 03 / 23 / 2010 |
| City | State | Zip Code | Transaction ID: 31509420 |
| Santa Teresa | NM | 88008-9423 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 86.36 |
| Name of Employer Self Employed | Occupation Doctor of | n Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 259.08 | |
| Full Name (Last, First, Middle Initial) Dr Larry D Gunnell | | | Date of Receipt |
| Mailing Address #7 Brenna Dr | | | 03 23 2010 |
| City | State | Zip Code | Transaction ID: 31509421 |
| Wichita Falls | TX | 76302-2506 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 83.33 |
| Name of Employer Self Employed | Occupation Doctor of | n Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 249.99 | |
| SUBTOTAL of Receipts This Page (optional) | | | 534.69 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 55 / 120 (check only one) X |
|---------|---|--------------------------------|---|---|
| 0 | ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | y not be sold or used by any persidress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | American Optometric Association Po | litical Action | Committee | |
| ۷. | Full Name (Last, First, Middle Initial) Dr Christy Lynn Warford | | | Date of Receipt |
| | Mailing Address 3601 Lareforma | State | Zip Code | 03 23 2010 |
| | City Baytown | TX | 77521-9175 | Transaction ID: 31509422 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 77021 0170 | 83.34 |
| | Name of Employer Self Employed | Occupation Doctor o | n f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.02 | |
| 3. | Full Name (Last, First, Middle Initial) Dr Mario A Caballero | <u> </u> | | Date of Receipt |
| | Mailing Address 1080 Loma De Alma | | | 03 23 2010 |
| | City | State | Zip Code | Transaction ID: 31509425 |
| | El Paso | TX | 79934 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 90.91 |
| | Name of Employer Self Employed | -, ' | f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 272.73 | |
| _ ;. | Full Name (Last, First, Middle Initial) Dr David T Gubman | | | Date of Receipt |
| | Mailing Address 9 Cobblestone Rd | | | 03 / 23 / 2010 |
| | City Cherry Hill | State NJ | Zip Code 08003-1420 | Transaction ID: 31509430 |
| | FEC ID number of contributing federal political committee. | C | 00005-1420 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Self Employed | Occupation Doctor o | n f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| Г | | 1 | | 674.25 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 56 / 120 (check only one) X |
|--|---|---|
| Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association | and Statements may not be sold or used by any perso g the name and address of any political committee to Political Action Committee | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr Theodore E Bogart Mailing Address 707 N Chestnut City Shelbyville FEC ID number of contributing federal political committee. Name of Employer Self Employed | State Zip Code IL 62565-1157 C Occupation Doctor of Optometry | Date of Receipt M M M / D D / Y Y Y Y Y O 3 18 2010 Transaction ID: 31509458 Amount of Each Receipt this Period 250.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr Liann Kimball Mailing Address 290 Jacob Rd City | State Zip Code | Date of Receipt M |
| Southbury FEC ID number of contributing federal political committee. Name of Employer Self Employed | CT 06488-2719 C Occupation | Amount of Each Receipt this Period 365.00 |
| Receipt For: Primary General Other (specify) ▼ | Doctor of Optometry Aggregate Year-to-Date ▼ 365.00 | |
| Full Name (Last, First, Middle Initial) Dr Paul J Lobby Mailing Address Rd 2 Box 245 City Ford City | State Zip Code PA 16226-9802 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| FEC ID number of contributing federal political committee. Name of Employer Self Employed | Occupation Doctor of Optometry | 250.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (option | al) | 865.00 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 57 / 120 (check only one) X |
|------------------------|---|----------------------|---|---|
| \ \ \ | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli | name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| ∠ A . | Full Name (Last, First, Middle Initial) Dr Richard A Frio Mailing Address 7646 Windsor Dr No | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 31509476 |
| | North Syracuse FEC ID number of contributing federal political committee. | C | 13212-1017 | Amount of Each Receipt this Period 150.00 |
| | Name of Employer Self Employed Receipt For: Primary General Other (specify) | | f Optometry Year-to-Date ▼ 150.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr Richard A Frio Mailing Address 7646 Windsor Dr No | | | Date of Receipt |
| | City | State | Zip Code | 0 3 1 8 2 0 1 0 Transaction ID: 31509477 |
| | North Syracuse | NY | 13212-1017 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 150.00 |
| | Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 300.00 | |
| | Full Name (Last, First, Middle Initial) Dr Robert Whitney Wyman | 1 | | Date of Receipt |
| | Mailing Address 451 Swanzey Lake Ro | ad | | 0 3 1 8 2 0 1 0 |
| | City | State | Zip Code | Transaction ID: 31509479 |
| | W Swanzey FEC ID number of contributing federal political committee. | C | 03469 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| | Receipt For: Primary General Other (specify) | | e Year-to-Date ▼ 300.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 550.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 58 / 120 (check only one) X |
|---|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any persone name and address of any political committee to | |
| American Optometric Association Po | olitical Action Committee | |
| Full Name (Last, First, Middle Initial) Dr Robert F Collins | | Date of Receipt |
| Mailing Address 15D Dapplegray Roa | | 03 18 2010 |
| City Bell Canyon | State Zip Code CA 91307-1010 | Transaction ID: 31509483 |
| FEC ID number of contributing federal political committee. | CA 91307-1010 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr Michael W Raies | | Date of Receipt |
| Mailing Address 2915 Noddin Way | | 03 / 18 / 2010 |
| City | State Zip Code | Transaction ID: 31509484 |
| Portsmouth | OH 45662-2412 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 250.00 | |
| Full Name (Last, First, Middle Initial) Dr J. D Miller, Jr | | Date of Receipt |
| Mailing Address P O Box 1293 | | 03 / 18 / 2010 |
| City | State Zip Code | Transaction ID: 31509497 |
| Eunice | LA 70535-1293 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optional) | · | 1000.00 |

| S | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 59 / 120 (check only one) |
|---------|---|-------------------------------|---|---|
| ľ | TEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a |
| A | Any information copied from such Reports and St or for commercial purposes, other than using the | tatements may name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Optometric Association Polit | tical Action | Committee | |
| Z | Full Name (Last, First, Middle Initial) | | | |
| A. | Dr Brian J Blount | | | Date of Receipt |
| | Mailing Address 5830 N Circuit | | | 03 24 2010 |
| | City | State | Zip Code | Transaction ID: 31509897 |
| | Beaumont | TX | 77706-4428 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 181.82 |
| | Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 545.46 | |
| — В. | Full Name (Last, First, Middle Initial) Dr Gerald G Gerdes, Jr | | | Date of Receipt |
| υ. | Mailing Address 414 E 7Th Ave | | | M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 31509898 |
| | Oakdale | LA | 71463-2624 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| | Receipt For: | r ' | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 250.00 | |
| _ C. | Full Name (Last, First, Middle Initial) Dr Pamela A Lowe | | | Date of Receipt |
| - | Mailing Address 6835 Concord Lane | | | M M / D D / Y Y Y Y Y O D D 2 4 2 0 1 0 |
| | City Niles | State IL | Zip Code 60714-4431 | Transaction ID: 31509901 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| | Receipt For: Primary General Other (specify) | | e Year-to-Date ▼ 300.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | ····· | 531.82 |

TOTAL This Period (last page this line number only)

| A. Full Name (La Dr Hederal politic Name of Employe Receipt For: Full Name (La Dr Mailing Addressed Employe Receipt For: Full Name (La Dr Ted A Mc Employe Mailing Addressed Employe Receipt For: Full Name (La Dr Ted A Mc Employe Mailing Addressed Employe Mailing Addressed Employe Receipt For: Receipt For: Name of Employe Receipt For: Primary Other (see Primary Other | al purposes, other than using on the contributing and committee. Displayer of contributing and committee. | State WY C Occupation Doctor of Open Aggregate Ye | s of any political committee mmittee Zip Code 82001-1641 | Date of Receipt Date of Receipt Transaction ID: 31509902 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: 31509903 Amount of Each Receipt this Period Transaction ID: 31509903 Amount of Each Receipt this Period |
|--|--|---|---|--|
| Full Name (La Dr Martin H C. Mailing Address City Cheyenne FEC ID number federal politic Name of Employe Receipt For: Primary Other (s) Full Name (La Dr Ted A Mc Employe Mailing Address City Tifton FEC ID number federal politic Name of Employe Receipt For: Primary Other (s) Full Name (La Dr Ted A Mc Employe Receipt For: Primary Other (s) Full Name (La Dr Dennis M Employe Receipt For: Primary Other (s) | ast, First, Middle Initial) arroll ass 3700 Essex Road per of contributing al committee. ployer ast, First, Middle Initial) elroy ast, First, Middle Initial) elroy ass 2812 Ridge Avenue per of contributing al committee. | State WY C Occupation Doctor of Operation Aggregate Ye North State GA | Zip Code 82001-1641 otometry ar-to-Date ▼ Zip Code | Transaction ID: 31509902 Amount of Each Receipt this Period Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| A. Dr Martin H C Mailing Addre City Chevenne FEC ID number federal politic Name of Employe Receipt For: Primary Other (s) Full Name (Labor Dr Ted A Mc Employe Mailing Addre City Tifton FEC ID number federal politic Name of Employe Receipt For: Primary Other (s) Full Name (Labor Dr Dennis M Employe Receipt For: Primary Other (s) | arroll ass 3700 Essex Road per of contributing al committee. ployer and General specify) ast, First, Middle Initial) Elroy ass 2812 Ridge Avenue per of contributing al committee. | Occupation Doctor of Operation Aggregate Ye North State GA | otometry ar-to-Date ▼ Zip Code | Transaction ID: 31509902 Amount of Each Receipt this Period Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Cheyenne FEC ID number federal politic Name of Emp Self Employe Receipt For: Primary Other (s) Full Name (Li Dr Ted A Mc E Mailing Addre City Tifton FEC ID number federal politic Name of Emp Self Employe Receipt For: Primary Other (s) Full Name (Li Dr Dennis M E Mailing Addre | per of contributing all committee. ployer and General specify) ast, First, Middle Initial) Elroy ess 2812 Ridge Avenue per of contributing all committee. | Occupation Doctor of Operation Aggregate Ye North State GA | otometry ar-to-Date ▼ Zip Code | Date of Receipt M M M / D D A D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Cheyenne FEC ID number federal politic Name of Emp Self Employe Receipt For: Primary Other (s) Full Name (Li Dr Ted A Mc E Mailing Addre City Tifton FEC ID number federal politic Name of Emp Self Employe Receipt For: Primary Other (s) Full Name (Li Dr Dennis M E Mailing Addre | al committee. Joloyer and General specify) ast, First, Middle Initial) Elroy ass 2812 Ridge Avenue per of contributing tal committee. | Occupation Doctor of Operation Aggregate Ye North State GA | otometry ar-to-Date ▼ Zip Code | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| FEC ID number federal politics Name of Employer Receipt For: Primary Other (s) Full Name (Labor Ted A Mc Employer Mailing Address City Tifton FEC ID number federal politics Name of Employer Receipt For: Primary Other (s) Full Name (Labor Dennis M Employer Mailing Address Mailing Address | al committee. Joloyer and General specify) ast, First, Middle Initial) Elroy ass 2812 Ridge Avenue per of contributing tal committee. | Occupation Doctor of Op Aggregate Ye North State GA | otometry ar-to-Date ▼ 300.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Receipt For: Primary Other (s) Full Name (Li Dr Ted A Mc E Mailing Addre City Tifton FEC ID number federal politic Name of Employe Receipt For: Primary Other (s) Full Name (Li Dr Dennis M E Mailing Addre | General specify) ast, First, Middle Initial) Elroy ess 2812 Ridge Avenue per of contributing all committee. | North State GA | ar-to-Date ▼ 300.00 Zip Code | Transaction ID: 31509903 Amount of Each Receipt this Period |
| Full Name (La Dr Ted A Mc E Mailing Address Full Name of Employee Receipt For: Primary Other (a Dr Dennis M E Mailing Address Full Name (La Dr Dennis M E M E M E M E M E M E M E M E M E M | ast, First, Middle Initial) Elroy ess 2812 Ridge Avenue per of contributing all committee. | North State GA | 300.00 Zip Code | Transaction ID: 31509903 Amount of Each Receipt this Period |
| Dr Ted A Mc E Mailing Addre City Tifton FEC ID numbrederal politic Name of Employe Receipt For: Primary Other (some of the content of | ess 2812 Ridge Avenue Deer of contributing tal committee. | State GA | • | Transaction ID: 31509903 Amount of Each Receipt this Period |
| City Tifton FEC ID number federal politic Name of Employee Receipt For: Primary Other (some content of the c | per of contributing all committee. | State GA | • | Transaction ID: 31509903 Amount of Each Receipt this Period |
| Tifton FEC ID number federal politic Name of Employer Self Employer Receipt For: Primary Other (self Employer) Full Name (Lapor Dennis M Employer) Mailing Address | al committee. | GA | • | Amount of Each Receipt this Period |
| Receipt For: Primary Other (s | al committee. | | 31794-1327 | |
| Receipt For: Primary Other (some of the control of | .1 | | | |
| Full Name (La Dr Dennis M E Mailing Addre | pioyer ed | Occupation Doctor of O | otometry | |
| Dr Dennis M E Mailing Addre | y General specify) ▼ | Aggregate Ye | ar-to-Date ▼ 300.00 | |
| | ast, First, Middle Initial) Brtva | | | Date of Receipt |
| City | ess 57 Pebblebrook Ct | | | 0 3 |
| Dlaaminata | 20 | State IL | Zip Code | Transaction ID: 31509907 |
| Bloomingto FEC ID numb federal politic | per of contributing | C | 61705-6300 | Amount of Each Receipt this Period 85.00 |
| Name of Emp Self Employe | oloyer ed | Occupation Doctor of O | otometry | |
| Receipt For: Primary Other (s | y General specify) ▼ | Aggregate Ye | • | |
| SUBTOTAL of | | ` | | 285.00 |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 61 / 120 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po | Statements may not be sold or used by any persone name and address of any political committee to olitical Action Committee | |
| Full Name (Last, First, Middle Initial) Dr Robert M Theaker Mailing Address 12 Wyndemere Vale City Monterey FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General | State Zip Code CA 93940-5811 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ | Date of Receipt M M |
| Other (specify) Full Name (Last, First, Middle Initial) Dr Michelle L Spittler Mailing Address 4125 Shorebrook Dr City Columbia | State Zip Code SC 29206-2127 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | Occupation Doctor of Optometry Aggregate Year-to-Date 365.00 | 365.00 |
| Full Name (Last, First, Middle Initial) Dr Timothy J Wilson Mailing Address 1059 Woodbrook La | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Forest FEC ID number of contributing federal political committee. | State Zip Code VA 24551-3884 | Transaction ID: 31511284 Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | Occupation Doctor of Optometry Aggregate Year-to-Date 250.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 1115.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 62 / 120 (check only one) X |
|--|---|---|
| Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association | and Statements may not be sold or used by any perso g the name and address of any political committee to Political Action Committee | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr Benjamin P Clark Mailing Address 53 Ellington Lane City Pawleys Island FEC ID number of contributing | State Zip Code SC 29585-7624 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| rederal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | Occupation Doctor of Optometry Aggregate Year-to-Date 500.00 | 500.00 |
| Full Name (Last, First, Middle Initial) Dr Hal C Herring, Jr Mailing Address 1523 Alexander St City Fairmont | State Zip Code NC 28340 | Date of Receipt M M M / D D / Y Y Y Y Y 0 3 2 2 2 2 0 1 0 Transaction ID: 31511287 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) | Occupation Doctor of Optometry Aggregate Year-to-Date 500.00 | 500.00 |
| Full Name (Last, First, Middle Initial) Dr David W Wineland Mailing Address 8400 Concord Roa City Johnstown FEC ID number of contributing federal political committee. | State Zip Code OH 43031-8154 | Date of Receipt M M M / D D / Y Y Y Y Y O 3 |
| Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | Occupation Doctor of Optometry Aggregate Year-to-Date 250.00 | |
| SUBTOTAL of Receipts This Page (option | al) | 1250.00 |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 63 / 120 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Any information copied from such Repor or for commercial purposes, other than L NAME OF COMMITTEE (In Full) American Optometric Associati | ts and Statements may not be sold or used by any p sing the name and address of any political committe on Political Action Committee | person for the purpose of soliciting contributions are to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr Thomas Edward Griffith Mailing Address 394 Evans Cree City | ek Rd State Zip Code | Date of Receipt M |
| Fraziers Bottom FEC ID number of contributing federal political committee. | WV 25082 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | Occupation Doctor of Optometry Aggregate Year-to-Date 500.00 | |
| Full Name (Last, First, Middle Initial) Dr Morgan R Leach Mailing Address 313 Fox Drive | | Date of Receipt O 3 |
| City Great Falls FEC ID number of contributing | State Zip Code MT 59404-3835 | Transaction ID: 31518019 Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr Mindy E Leach Mailing Address 313 Fox Drive | | Date of Receipt 0 3 1 7 2 0 1 0 |
| City Great Falls | State Zip Code MT 59404-3835 | Transaction ID: 31518023 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (op | ional) | 1000.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 64 / 120 (check only one) X |
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| A O | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli | e name and ad | dress of any political committee to | on for the purpose of soliciting contributions a solicit contributions from such committee. |
| ∠ \ . | Full Name (Last, First, Middle Initial) Dr Cameron Eugene Herrin Mailing Address 1022 Timber Lake Driv | ve | | Date of Receipt O 3 |
| | City | State | Zip Code | Transaction ID: 31518026 |
| | Purcell FEC ID number of contributing federal political committee. | OK OK | 73080-1756 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | + + | f Optometry e Year-to-Date ▼ 500.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr Marcus D Yeager Mailing Address 300 Tupawek Drive | | | Date of Receipt |
| | City | State | Zip Code | 0 3 2 6 2 0 1 0 Transaction ID: 31518184 |
| | West Monroe | LA | 71291-7019 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| | Receipt For: Primary General Other (specify) | | e Year-to-Date ▼ 250.00 | |
| . – | Full Name (Last, First, Middle Initial) Dr Richard L. Talkington | 1 | | Date of Receipt |
| | Mailing Address 461 Pleasant St P.O. Box 521 | | | 03 26 2010 |
| | City Franklin | State NH | Zip Code 03235-1885 | Transaction ID: 31518187 |
| | FEC ID number of contributing federal political committee. | C | 03233-1003 | Amount of Each Receipt this Period |
| | Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| | Receipt For: Primary General Other (specify) | , ' | e Year-to-Date ▼ 350.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | \ | 850.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 65 / 120 (check only one) X |
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| Any information copied from such Reports and or for commercial purposes, other than using a NAME OF COMMITTEE (In Full) American Optometric Association P | d Statements may not be sold or used by any perso the name and address of any political committee to olitical Action Committee | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr Deborah A Long Mailing Address 1115 John Short Rd City Fort Mill | State Zip Code SC 29707-7633 | Date of Receipt M M M / D D / Y Y Y Y Y 0 3 2 6 2 0 1 0 Transaction ID: 31521920 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | Occupation Doctor of Optometry Aggregate Year-to-Date 365.00 | 365.00 |
| Full Name (Last, First, Middle Initial) Dr James A Boucher Mailing Address 1050 Granito Drive P O Box 927 City Laramie FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) | State Zip Code WY 82072-5025 C Occupation Doctor of Optometry Aggregate Year-to-Date 365.00 | Date of Receipt M M / D D / Y Y Y Y Y O 3 2 4 2 0 1 0 Transaction ID: 31524656 Amount of Each Receipt this Period 365.00 |
| Full Name (Last, First, Middle Initial) Dr Kathy Lynn Shamblin Mailing Address 3682 Annell Dr City Murfreesboro FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) | State Zip Code TN 37127 C Occupation Doctor of Optometry Aggregate Year-to-Date 250.00 | Date of Receipt M M / D D / Y Y Y Y Y O 3 |
| SUBTOTAL of Receipts This Page (optional) |) | 980.00 |

| CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 66 / 120 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
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| y information copied from such Reports and Statem for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) | nents may not be sold or used by any persor the and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| American Optometric Association Political | Action Committee | |
| Full Name (Last, First, Middle Initial) Dr William Ken Mc Carty Mailing Address 3510 Edgewood | | Date of Receipt |
| | State Zip Code | 0 3 2 4 2 0 1 0 Transaction ID: 31524661 |
| Amarillo | TX 79109-4036 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Solf Employed 1 | Occupation Octor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr Bethany Hilterm Brady | | Date of Receipt |
| Mailing Address 7463 Garfield Avenue | | 03 / 24 / 2010 |
| • | State Zip Code | Transaction ID: 31524663 |
| Harborcreek | PA 16421-1404 | Amount of Each Receipt this Period |
| Todara political committee. | С | 250.00 |
| Colf Employed | Occupation Occtor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr Edwin C Winbigler | | Date of Receipt |
| Mailing Address 105 Britannia Ct | | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| • | State Zip Code | Transaction ID: 31524673 |
| | OH 44875-1881 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 250.00 |
| Self Employed 5 | Occupation Occtor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
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| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 67 / 120 (check only one) X 11a |
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| A | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol | | | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A. | Full Name (Last, First, Middle Initial) Dr Roger L Jordan Mailing Address 3329 Paintbrush City Gillette FEC ID number of contributing federal political committee. | State WY | Zip Code 82718-7616 | Date of Receipt 0 3 |
| | Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | - ' | f Optometry e Year-to-Date ▼ 1000.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr Joseph C Maycock Mailing Address Po Box 311 | | | Date of Receipt 0 3 2 4 2 0 1 0 |
| | City Gillette | State WY | Zip Code | Transaction ID: 31524678 |
| | FEC ID number of contributing federal political committee. | C | 82717-0311 | Amount of Each Receipt this Period 750.00 |
| | Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| | Receipt For: Primary General Other (specify) | | e Year-to-Date ▼ 750.00 | |
| :. | Full Name (Last, First, Middle Initial) Dr Steven J St. Marie Mailing Address 17 Westview Drive | <u> </u> | | Date of Receipt |
| | | | | 03 24 2010 |
| | City Saint Albans | State VT | Zip Code 05478-8021 | Transaction ID: 31524679 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 250.00 |
| | Name of Employer Self Employed | Occupation Doctor o | n f Optometry | |
| | Receipt For: Primary General Other (specify) | | e Year-to-Date ▼ 250.00 | |
| [| SUBTOTAL of Receipts This Page (optional) | 1 | | 2000.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 68 / 120 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli | ename and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | tical Action Committee | 1 |
| Full Name (Last, First, Middle Initial) Dr. David J Di Marco Mailing Address 50 Bank Street Apt. 2 | | Date of Receipt |
| City | State Zip Code | 0 3 2 4 2 0 1 0 Transaction ID: 31524680 |
| Saint Albans | VT 05478-1957 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr Donald J Vanderfeltz | | Date of Receipt |
| Mailing Address Route 2 Box 2298 | | 03 / 24 / Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 31524687 |
| <u>California</u> | MO 65018-9802 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 500.00 | |
| Full Name (Last, First, Middle Initial) Dr David Arlington Johnson | | Date of Receipt |
| Mailing Address 507 Rosedown Trace | N | 03 24 2010 |
| City | State Zip Code | Transaction ID: 31524689 |
| Peachtree City | GA 30269-3718 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
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| SCHEDULE A (FEC Form STEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 69 / 120 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) American Optometric Associatio | and Statements may not be sold or used by any persing the name and address of any political committee to Political Action Committee | son for the purpose of soliciting contributions to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr William D Sullins, III Mailing Address 154 County Road City Englewood FEC ID number of contributing federal political committee. Name of Employer Self Employed | State Zip Code TN 37329-5129 C Occupation | Date of Receipt M M M |
| Receipt For: Primary General Other (specify) ▼ | Doctor of Optometry Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr Bradley G Meier Mailing Address 45550 166Th St City | State Zip Code | Date of Receipt M |
| Watertown FEC ID number of contributing federal political committee. | SD 57201-7313 C Occupation | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | Doctor of Optometry Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr William P Beeaker Mailing Address 461 Upper St | | Date of Receipt 0 3 2 4 2 0 1 0 |
| City Turner FEC ID number of contributing | State Zip Code ME 04282-3805 | Transaction ID: 31524707 Amount of Each Receipt this Period 250.00 |
| federal political committee. Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (option | onal) | 750.00 |

| City Broken Arrow OK 74011 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Name of Employer Self Employed City State Zip Code Birmingham AL 35216-1026 FEC ID number of contributing federal political committee. City Self Employer Receipt For: Primary General City State Zip Code Receipt For: Primary General City State Zip Code Receipt For: Primary General City State Zip Code Amount of Each Receipt this Perioc Primary General City State Zip Code Amount of Each Receipt this Perioc Doctor of Optometry Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 31524877 Amount of Each Receipt this Perioc Date of Receipt Transaction ID: 31524887 Amount of Each Receipt this Perioc Doctor of Optometry Receipt For: Primary General Other (specify) ▼ Date of Receipt Date of Receipt Transaction ID: 31524889 Amount of Each Receipt this Perioc Transaction ID: 31524889 Amount of Each Receipt this Perioc | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | for | te separate schedule(s) each category of the etailed Summary Page | FOR LINE NUMBER: PAGE 70 / 120 (check only one) X 11a |
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| A. A | or for commercial purposes, other than using th | Statements may not be name and address | ne sold or used by any perso of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A. Dr Thomas Howard Barenson Mailling Address 13290 E 130 St, So City State Zip Code Broken Arrow OK 74011 FEC ID number of contributing federal political committee. Name of Employer Self Employed Occupation Dr Lynn Smith Hammonds Mailing Address 2725 Smyer Road City State Zip Code Blimingham AL 35216-1026 FEC ID number of contributing federal political committee. Name of Employer Other (specify) ▼ Occupation Dr Lynn Smith Hammonds Mailing Address 2725 Smyer Road City State Zip Code AL 35216-1026 FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼ Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Date of Receipt Date of Receipt Transaction ID: 31524883 Amount of Each Receipt this Perioc 250.00 Date of Receipt Date of Receipt Transaction ID: 31524889 Amount of Each Receipt this Perioc 250.00 Date of Receipt Date of Receipt State Zip Code Transaction ID: 31524889 Amount of Each Receipt this Perioc 250.00 Date of Receipt Date of Receipt Date of Receipt Aggregate Year-to-Date ▼ Date of Receipt Aggregate Year-to-Date ▼ Og 3 2 4 7 2 0 1 Transaction ID: 31524889 Amount of Each Receipt this Perioc Transaction ID: 31524889 Amount of Each Receipt this Perioc Transaction ID: 31524889 Amount of Each Receipt this Perioc | | itical Action Comr | mittee | |
| City Broken Arrow OK 74011 City Broken Arrow OK 74011 City City Broken Arrow OK 74011 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C C C C C C C C C C C C C C C C C C | Dr Thomas Howard Berenson | | | |
| Broken Arrow PEC ID number of contributing federal political committee. Name of Employer Self Employed C | <u> </u> | Ctata 7 | Zin Codo | 03 24 2010 |
| FEC ID number of contributing federal political committee. Name of Employed Self Employed Doctor of Optometry Receipt For: Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Date of Receipt Doctor of Optometry Aggregate Year-to-Date ▼ Primary General Doctor of Optometry State Zip Code Birmingham AL 35216-1026 FEC ID number of contributing federal political committee. Receipt For: Primary General Doctor of Optometry Receipt For: Primary General Doctor of Optometry Mailing Address P O Box 372 City State Zip Code State Zip Code Doctor of Optometry Aggregate Year-to-Date ▼ Date of Receipt Torace Transaction ID: 31524883 Amount of Each Receipt this Period 250.00 Date of Receipt Transaction ID: 31524889 Amount of Each Receipt this Period 250.00 Date of Receipt Transaction ID: 31524889 Transaction ID: 31524889 Amount of Each Receipt This Period Primary General Doctor of Optometry Receipt For: Primary General Doctor of Optometry Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Paggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ | | | · | |
| Receipt For: | FEC ID number of contributing | | | 250.00 |
| Primary | Name of Employer Self Employed | | ometry | |
| Date of Receipt Mailing Address 2725 Smyer Road City State Zip Code Birmingham AL 35216-1026 FEC ID number of contributing federal political committee. Name of Employed Self Employed Primary General Other (specify) ▼ City State Zip Code AL 35216-1026 C 250.00 Doctor of Optometry Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Transaction ID: 31524883 Amount of Each Receipt this Period 250.00 Date of Receipt Transaction ID: 31524883 Amount of Each Receipt this Period 250.00 Date of Receipt Transaction ID: 31524889 Date of Receipt Transaction ID: 31524889 Date of Receipt Transaction ID: 31524889 Amount of Each Receipt Transaction ID: 31524889 Date of Receipt Transaction ID: 31524889 Amount of Each Receipt this Period C C Cocupation Doctor of Optometry Receipt For: Primary General Doctor of Optometry Receipt For: Primary General Transaction ID: 31524889 | Primary General | Aggregate Year- | 250.00 | |
| City Birmingham AL 35216-1026 FEC ID number of contributing federal political committee. Name of Employer Self Employed Other (specify) Mailing Address P O Box 372 City State Zip Code Doctor of Optometry Aggregate Year-to-Date Mailing Address P O Box 372 City State State Zip Code Doctor of Optometry Date of Receipt Transaction ID: 31524883 Amount of Each Receipt this Period 250.00 Date of Receipt Transaction ID: 31524883 Amount of Each Receipt this Period Date of Receipt Transaction ID: 31524889 Date of Receipt Transaction ID: 31524889 Code Date of Receipt Transaction ID: 31524889 Amount of Each Receipt this Period Transaction ID: 31524889 Amount of Each Receipt this Period Transaction ID: 31524889 Amount of Each Receipt this Period Cocupation Doctor of Optometry Receipt For: Primary General Aggregate Year-to-Date ▼ | Dr Lynn Smith Hammonds | 1 | | <u> </u> |
| Birmingham AL 35216-1026 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ City State Zip Code Stayton FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ City State Zip Code OR 97383-0372 FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employed Receipt For: Name of Employer General Occupation Doctor of Optometry Receipt For: Primary General Amount of Each Receipt this Period C Transaction ID: 31524889 Amount of Each Receipt this Period Amount of Each Receipt this Period OR 97383-0372 FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employed Primary General | | | | |
| FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr H. Frank Storey Mailing Address P O Box 372 City State Zip Code OR 97383-0372 FEC ID number of contributing federal political committee. Name of Employer Self Employed Name of Employer Self Employed Receipt For: Primary General Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Cocupation Doctor of Optometry Receipt For: Primary General | • | | | |
| Receipt For: Primary | FEC ID number of contributing | | 33210-1020 | 250.00 |
| Primary General Other (specify) ▼ Primary General Other (specify) ▼ Prill Name (Last, First, Middle Initial) Dr H. Frank Storey Mailing Address P O Box 372 City State Zip Code Stayton OR 97383-0372 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Date of Receipt Transaction ID: 31524889 Amount of Each Receipt this Period C Source Aggregate Year-to-Date ▼ Primary General | Name of Employer Self Employed | | ometry | |
| Dr H. Frank Storey Mailing Address P O Box 372 City State Zip Code Stayton OR 97383-0372 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Date of Receipt M M M O 3 2 4 2 0 1 Transaction ID: 31524889 Amount of Each Receipt this Period 500.0 | Primary General | Aggregate Year- | |] |
| City State Zip Code Stayton OR 97383-0372 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General O 3 2 4 2 0 1 Transaction ID: 31524889 Amount of Each Receipt this Period 500.0 | , | | | Date of Receipt |
| Stayton OR 97383-0372 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Primary General Amount of Each Receipt this Period 500.0 | Mailing Address P O Box 372 | | | |
| FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Primary General S00.00 | • | | • | |
| Receipt For: Primary General Aggregate Year-to-Date Foo op | FEC ID number of contributing | | 9/383-03/2 | Amount of Each Receipt this Period 500.00 |
| Receipt For: Primary General Aggregate Year-to-Date ▼ | Name of Employer Self Employed | | ometry | |
| | Primary General | - ' | to-Date ▼ | |
| SUBTOTAL of Receipts This Page (optional) | SUBTOTAL of Receipts This Page (optional) . | 1 | | 1000.00 |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 71 / 120 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Any information copied from such Repo or for commercial purposes, other than NAME OF COMMITTEE (In Full) American Optometric Associat | ts and Statements may not be sold or used by any per sing the name and address of any political committee on Political Action Committee | son for the purpose of soliciting contributions to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Ms Charlotte Nekota Mailing Address 220 S King St Ste 801 City Honolulu FEC ID number of contributing federal political committee. Name of Employer Hawaii Optometric Assn | State Zip Code HI 96813-4508 C Occupation Executive Director | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr Roger R Seelye Mailing Address 5122 Lake Driv City | e State Zip Code | Date of Receipt M M |
| Owosso FEC ID number of contributing federal political committee. | MI 48867-8711 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Self Employed Receipt For: Primary General Other (specify) | Occupation Doctor of Optometry Aggregate Year-to-Date 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr Thomas V Casella, Sr Mailing Address 5 Bristlecone V | 'ay | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Augusta FEC ID number of contributing | State Zip Code GA 30909-1846 | Transaction ID: 31524927 Amount of Each Receipt this Period |
| rederal political committee. Name of Employer Self Employed | Occupation Doctor of Optometry | 500.00 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (or | tional) | 1750.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 72 / 120 (check only one) X |
|-----------------|---|----------------------|---|---|
| A | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli | e name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| ∠ A . | Full Name (Last, First, Middle Initial) Dr Maryjane Healey Mailing Address 6710 124Th Place Se | | | Date of Receipt 0 3 27 2010 |
| | City | State WA | Zip Code | Transaction ID: 31525363 |
| | Snohomish FEC ID number of contributing federal political committee. | C | 98296-8649 | Amount of Each Receipt this Period 200.00 |
| | Name of Employer Self Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | + | n f Optometry e Year-to-Date ▼ | |
| | Full Name (Last, First, Middle Initial) Dr Mark Joseph Page Mailing Address 3102 E Desert Broom | Way | | Date of Receipt 0 3 2 7 2 0 1 0 |
| | City | State | Zip Code | Transaction ID: 31525365 |
| | Phoenix FEC ID number of contributing federal political committee. | AZ C | 85048-8316 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Self Employed | Occupatio | n f Optometry | |
| | Receipt For: Primary General Other (specify) | | e Year-to-Date ▼ 250.00 | |
| _ | Full Name (Last, First, Middle Initial) Dr William R Burges | <u> </u> | | Date of Receipt |
| | Mailing Address 988 Cr 477 | | | 03 / 28 / 2010 |
| | City Castroville | State TX | Zip Code 78009 | Transaction ID: 31525375 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 70009 | 83.34 |
| | Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| | Receipt For: Primary General Other (specify) | + + | e Year-to-Date ▼ 250.02 | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 533.34 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 73 / 120 (check only one) X |
|--|---|--|
| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F | d Statements may not be sold or used by any person the name and address of any political committee to sold Political Action Committee | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr Andrea P Thau Mailing Address 170 East 83 Street | | Date of Receipt |
| City New York | State Zip Code NY 10028-1920 | Transaction ID: 31525377 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Self Employed | Occupation Poster of Optomatry | 166.67 |
| Receipt For: Primary General Other (specify) | Doctor of Optometry Aggregate Year-to-Date ▼ 500.01 | |
| Full Name (Last, First, Middle Initial) Dr Robert J Fleckenstein Mailing Address 1830 Rebel Ridge | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 31525382 |
| Anchorage FEC ID number of contributing federal political committee. | AK 99504-2900 | Amount of Each Receipt this Period 85.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |
| Full Name (Last, First, Middle Initial) Dr Peter H Kehoe | | Date of Receipt |
| Mailing Address 789 N Broad | | 03 28 2010 |
| City Galesburg | State Zip Code IL 61401-2766 | Transaction ID: 31525388 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 175.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 525.00 | |
| SUBTOTAL of Receipts This Page (optional | l) > | 426.67 |
| TOTAL This Period (last page this line numl | ber only) | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | ζ) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE /4 / 120 (check only one) X 11a |
|--|----------------------|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may | y not be sold or used by any persidress of any political committee to | on for the purpose of soliciting contributions osolicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Optometric Association I | <u> </u> | | |
| Full Name (Last, First, Middle Initial) Dr Kevin L Gee | | | Date of Receipt |
| Mailing Address P O Box 18075 | | | 0 3 2 8 2 0 1 0 |
| City Sugar Land | State TX | Zip Code 77496-8075 | Transaction ID: 31525391 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 90.91 |
| Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 272.73 | |
| Full Name (Last, First, Middle Initial) Dr Ron Benner | | | Date of Receipt |
| Mailing Address 1408 E Maryland | | | 03 28 2010 |
| City Laurel | State MT | Zip Code 59044-2238 | Transaction ID: 31525393 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 33044-2230 | 166.67 |
| Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| Receipt For: Primary General Other (specify) ▼ | - + · | Year-to-Date ▼ 500.01 | |
| Full Name (Last, First, Middle Initial) Dr Troy D Raber | | | Date of Receipt |
| Mailing Address 195 Masters Ln | | | 03 29 2010 |
| City Magnolia | State DE | Zip Code 19962-1186 | Transaction ID: 31527649 |
| FEC ID number of contributing federal political committee. | C | 13902-1100 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| Receipt For: Primary General Other (specify) ▼ | - ' ' | Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optional | al) | | 757.58 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 75 / 120 (check only one) X |
|--|----------------------|---|--|
| Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association | g the name and ad | dress of any political committee to | on for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) Dr Richard N Randolph Mailing Address 1806 Nash St N | | | Date of Receipt |
| City Wilson FEC ID number of contributing | State NC | Zip Code 27893-1725 | Transaction ID: 31528474 Amount of Each Receipt this Period |
| federal political committee. Name of Employer Self Employed Receipt For: | | n f Optometry | 500.00 |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) | Aggregate | 500.00 | |
| Dr Flavel Josef Heyman, III Mailing Address 20 Bayles Court | | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 31528628 |
| Paxton | IL | 60957-1868 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 365.00 |
| Name of Employer Self Employed | | f Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 365.00 |] |
| Full Name (Last, First, Middle Initial) Dr William James Hasquet | • | | Date of Receipt |
| Mailing Address 2503 Gold Rush A | venue | | 03 25 2010 |
| City | State | Zip Code | Transaction ID: 31528704 |
| Helena FEC ID number of contributing federal political committee. | C | 59601-5668 | Amount of Each Receipt this Period 365.00 |
| Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 365.00 | |
| SUBTOTAL of Receipts This Page (options | al) | | 1230.00 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 76 / 120 (check only one) X |
|-----------------|---|---|---|---|
| | Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po | | | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| ∠ \ . | Full Name (Last, First, Middle Initial) Dr William H Simons Mailing Address 66 Cloverview Lane | | | Date of Receipt 0 3 2 5 2 0 1 0 |
| | City | State | Zip Code | Transaction ID: 31528705 |
| | Helena FEC ID number of contributing federal political committee. | C | 59601-0251 | Amount of Each Receipt this Period 365.00 |
| | Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | | f Optometry e Year-to-Date ▼ 365.00 | |
| 3. | Full Name (Last, First, Middle Initial) Dr Marcus H Kelley Mailing Address 1127 Wilder | | | Date of Receipt 0 3 2 5 2 0 1 0 |
| | City | State | Zip Code | Transaction ID: 31528706 |
| | <u>Helena</u> | MT | 59601-2115 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 365.00 |
| | Name of Employer Self Employed | Occupation Doctor o | n f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | - · · · · · · · · · · · · · · · · · · · | e Year-to-Date ▼ 365.00 | |
| _ | Full Name (Last, First, Middle Initial) Dr Andrea A Neff | | | Date of Receipt |
| - | Mailing Address 13227 Pontchatrain A | ve | | 03 25 2010 |
| | City | State | Zip Code | Transaction ID: 31528712 |
| | Charlotte | NC | 28273-6911 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation Doctor o | n f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | , ' | e Year-to-Date ▼ 250.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 980.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 77 / 120 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----------|---|---------------------------------|---|---|
| 7 | Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma ne name and ad | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | American Optometric Association Po | litical Action | Committee | |
| Α. | Full Name (Last, First, Middle Initial) Dr Gordon A Price | | | Date of Receipt |
| | Mailing Address 48 Mann Lot Road City | State | Zip Code | 0 3 2 5 2 0 1 0 Transaction ID: 31528713 |
| | <u>Scituate</u> | MA | 02066-1808 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 250.00 |
| | Name of Employer Self Employed | Occupation Doctor o | n f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| - В. | Full Name (Last, First, Middle Initial) Dr Gregory D Norman Mailing Address 620 W. Cr. 100 N | 1 | | Date of Receipt |
| | | | | 03 25 2010 |
| | City | State | Zip Code | Transaction ID: 31532944 |
| | <u>Flora</u> | IN | 46929 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 840.00 |
| | Name of Employer Self Employed | Occupation Doctor o | ^{on} f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 840.00 | |
| С. С. | Full Name (Last, First, Middle Initial) Dr Burton G Pinchuk | · | | Date of Receipt |
| | Mailing Address 1266 Brook Crossing | Ct | | 03 / 25 / Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 31532946 |
| | Naperville FEC ID number of contributing federal political committee. | C | 60564 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Self Employed | Occupation Doctor o | n f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 250.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 1340.00 |
| | TOTAL This Period (last page this line number | | <u> </u> | |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 78 / 120 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|--|---|
| Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Optometric Association | and Statements may not be sold or used by any per g the name and address of any political committee Political Action Committee | son for the purpose of soliciting contributions to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr Christopher Barry Mailing Address 910 N 32Nd Stree City | State Zip Code | Date of Receipt M M |
| Renton FEC ID number of contributing federal political committee. | WA 98056-2131 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | Occupation Doctor of Optometry Aggregate Year-to-Date 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr Steven L Compton Mailing Address 403 N College St | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Franklin FEC ID number of contributing federal political committee. | State Zip Code KY 42134-1829 | Transaction ID: 31532955 Amount of Each Receipt this Period 500.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr Nelson C Klaus, Jr Mailing Address 833 Shinn Point R | oad | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Wilmington | State Zip Code NC 28409-2113 | Transaction ID: 31532956 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 365.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |
| SURTOTAL of Receipts This Page (option | al) | 1865.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 79 / 120 (check only one) X |
|---|----------------------|---|--|
| Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association | the name and add | dress of any political committee to | on for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) Dr Richard Dean Gurley | | | Date of Receipt |
| Mailing Address 800 South Promise | | | 03 / 25 / 4 9 9 |
| City <u>Blytheville</u> | State AR | Zip Code 72315-7746 | Transaction ID: 31532958 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 |] |
| Full Name (Last, First, Middle Initial) Dr G. Barnard Wilson Mailing Address 3604 Atwood PI | | | Date of Receipt |
| City | State | Zip Code | 0 3 2 5 2 0 1 0 Transaction ID: 31532959 |
| Modesto | CA | 95355-1304 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 250.00 |
| Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr Sara E. Jones | | | Date of Receipt |
| Mailing Address 11990 Market St # | 1304 | | 03 25 7 2010 |
| City Reston | State VA | Zip Code 20190-6013 | Transaction ID: 31532960 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 20100 0010 | 500.00 |
| Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optional | | | 1000.00 |

| SCHEDULE A (FEC For ITEMIZED RECEIPTS | m 3X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 80 / 120 (check only one) X 11a |
|--|---------------------------------|---|---|
| Any information copied from such Report for commercial purposes, other that NAME OF COMMITTEE (In Full) American Optometric Associ | n using the name and add | ress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial Dr Jeffery J Schletzbaum Mailing Address 323 E 36Th S City Hutchinson FEC ID number of contributing federal political committee. Name of Employer Self Employed | State KS C Occupation Doctor of | Optometry | Date of Receipt 0 3 |
| Receipt For: Primary General Other (specify) ▼ | 0 0 | Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initia Dr Matthew J De Luca Mailing Address 2607 Barnes City | <u> </u> | Zip Code | Date of Receipt 0 3 25 2010 |
| Moon Twp FEC ID number of contributing federal political committee. | PA C | 15108-9002 | Transaction ID: 31532965 Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | Doctor of | Optometry Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initia Dr R. Brian Wallace Mailing Address 1300 Jackson | , | | Date of Receipt 0 3 2 5 2 0 1 0 |
| City Florence FEC ID number of contributing | State SC | Zip Code 29501-4521 | Transaction ID: 31532967 Amount of Each Receipt this Period |
| federal political committee. Name of Employer Self Employed | Occupation Depter of | | 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | Optometry Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (| optional) | | 750.00 |

| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of or commercial process, 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) D: Steven E Erisean Mailing Address 4518 164Th Court Ne City Stato WA 98052-5454 FEC ID number of contributing federal political committee. C Cucupation Dector of Optometry Receipt For: Primary General Other (specify) ▼ City State Zip Code Transaction ID: 31532972 Amount of Each Receipt Tis Period Date of Receipt Transaction ID: 31532973 Amount of Each Receipt Tis Period Date of Receipt Transaction ID: 31532973 Amount of Each Receipt Tis Period Date of Receipt Transaction ID: 31532973 Amount of Each Receipt Tis Period Date of Receipt Transaction ID: 31532973 Amount of Each Receipt Tis Period Date of Receipt Transaction ID: 31532973 Amount of Each Receipt Tis Period Date of Receipt Transaction ID: 31532973 Amount of Each Receipt Tis Period Date of Receipt Transaction ID: 31532973 Amount of Each Receipt Tis Period Date of Receipt Transaction ID: 31532973 Amount of Each Receipt Tis Period Date of Receipt Transaction ID: 31532973 Amount of Each Receipt Tis Period Date of Receipt Transaction ID: 31532974 Amount of Each Receipt Tis Period Date of Receipt Transaction ID: 31532974 Amount of Each Receipt Tis Period Transaction ID: 31532974 Amount of Each Receipt Tis Period Transaction ID: 31532974 Amount of Each Receipt Tis Period Transaction ID: 31532974 Amount of Each Receipt Tis Period Transaction ID: 31532974 Amount of Each Receipt Tis Period Transaction ID: 31532974 Amount of Each Receipt Tis Period Transaction ID: 31532974 Amount of Each Receipt Tis Period Transaction ID: 31532974 Transaction ID: 31532974 Transaction ID: 31532974 Transaction ID: 31532 | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 81 / 120 (check only one) X |
|---|--|----------------|---|--|
| Date of Receipt State Zip Code Year-to-Date Year-to-Date | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | ne name and ad | dress of any political committee to | on for the purpose of soliciting contributions |
| FEC ID number of contributing federal political committee. Name of Employer Self E | Dr Steven E Eriksen Mailing Address 4518 164Th Court No | | Zip Code | 03 / 25 / 2010 |
| Receipt For: | FEC ID number of contributing | | 98052-5454 | |
| Mailing Address 217 N Sheldon Road City State Zip Code Plymouth MI 48170-1524 FEC ID number of contributing federal political committee. Name of Employer Self Employed City State Zip Code MI 48170-1524 FEC ID number of contributing federal political committee. Name of Employer Self Employed City State Zip Code Doctor of Optometry Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr Darby C Chiasson Mailing Address 231 E 26Th Place City State Zip Code LA 70373-2261 FEC ID number of contributing federal political committee. Name of Employer Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Transaction ID: 31532974 Amount of Each Receipt his Period FEC ID number of contributing federal political committee. Name of Employer Name of Employer Name of Employer Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ State Zip Code LA 70373-2261 Transaction ID: 31532974 Amount of Each Receipt his Period 500.00 | Receipt For: Primary General | Doctor o | f Optometry e Year-to-Date ▼ |] |
| City State Zip Code MI 48170-1524 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Gity City City City City City Larose LA 70373-2261 PEC ID number of contributing federal political committee. Primary General Gity City City City City City City City C | Dr Gregory B Ferman | 1 | | M M / D D / Y Y Y Y |
| FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: | City | State | Zip Code | |
| Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ City Larose FEC ID number of contributing federal political committee. Name of Employer Self Employed City State Zip Code LA 70373-2261 City FEC ID number of contributing federal political committee. Name of Employer Self Employed City State Zip Code LA 70373-2261 City FEC ID number of contributing federal political committee. Name of Employer Self Employed Coccupation Doctor of Optometry Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Solo.00 | | MI | 48170-1524 | Amount of Each Receipt this Period |
| Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Darby C Chiasson Mailing Address 231 E 26Th Place City State Zip Code Larose LA 70373-2261 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Coccupation Doctor of Optometry Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1115 00 | | С | | 365.00 |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Darby C Chiasson Mailing Address 231 E 26Th Place City Larose LA 70373-2261 Transaction ID: 31532974 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1115 00 | Self Employed | Doctor o | f Optometry | |
| Dr Darby C Chiasson Mailing Address 231 E 26Th Place City State Zip Code Larose LA 70373-2261 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | Primary General | Aggregate | | |
| City State Zip Code Larose LA 70373-2261 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: 31532974 Amount of Each Receipt this Period 500.00 Aggregate Year-to-Date ▼ 1115.00 | Dr Darby C Chiasson | • | | Date of Receipt |
| Larose LA 70373-2261 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 1115 00 | Mailing Address 231 E 26Th Place | | | 03 25 2010 |
| FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Occupation Doctor of Optometry Aggregate Year-to-Date 500.00 | | | • | |
| Receipt For: Primary Other (specify) Aggregate Year-to-Date 500.00 | FEC ID number of contributing | | 70373-2261 | |
| Primary General Other (specify) ▼ 500.00 | Name of Employer Self Employed | | | |
| SUBTOTAL of Receipts This Page (optional) | Primary General | Aggregate | 1 1 1 1 1 1 1 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 1115.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 82 / 120 (check only one) X |
|----|--|--------------------------------|--|--|
| Ai | ny information copied from such Reports and \S for commercial purposes, other than using the | Statements ma e name and ad | ly not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) American Optometric Association Pol | itical Action | Committee | |
| | Full Name (Last, First, Middle Initial) Dr Lars A Gentry | | | Date of Receipt |
| | Mailing Address 101 Greenbriar Dr City | State | Zip Code | 0 3 2 5 2 0 1 0 Transaction ID: 31532979 |
| | Carmi | IL | 62821-1510 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 250.00 |
| | Name of Employer Self Employed | Occupation Doctor of | on of Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| | Full Name (Last, First, Middle Initial) Dr Horace E Deal | | | Date of Receipt |
| | Mailing Address 6 Lester Rd | | | 03 25 2010 |
| | City | State | Zip Code | Transaction ID: 31532985 |
| | Statesboro | GA | 30458-4786 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 365.00 |
| | Name of Employer Self Employed | Occupation Doctor of | on of Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 365.00 | |
| | Full Name (Last, First, Middle Initial) Dr Michael Briggs Bauman | | | Date of Receipt |
| | Mailing Address 139 Acorn Lane | | | 03 25 2010 |
| | City | State | Zip Code | Transaction ID: 31532986 |
| | Danville | VA | 24541-6201 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | , ' | f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| Г | SUBTOTAL of Receipts This Page (optional) | | | 865.00 |

| or for comme NAME O America Full Name Dr Marc A Mailing A City Harrison FEC ID n federal po Name of Self Emp Receipt F Prir Oth | ercial purposes, other than using the F COMMITTEE (In Full) an Optometric Association Potential (In Full) and In Full (In Full) an Optometric Association Potential (In Full) and In Full (In Full) and In F | State Zip Code VA 22801-3579 C Occupation Doctor of Optometry Aggregate Year-to-Date | Date of Receipt Date of Receipt Transaction ID: 31532991 Amount of Each Receipt this Period 250.00 |
|---|--|--|--|
| Full Name Full Name Dr Marc A Mailing A City Harrison FEC ID n federal po Name of Self Emp Receipt F Prir Oth | e (Last, First, Middle Initial) Hudson ddress 460 Silver Oaks Dr hburg umber of contributing blitical committee. Employer loyed for: mary General er (specify) e (Last, First, Middle Initial) er R Lippens | State Zip Code VA 22801-3579 C Occupation Doctor of Optometry Aggregate Year-to-Date | Transaction ID: 31532991 Amount of Each Receipt this Period 250.00 |
| Dr Marc A Mailing A City Harrison FEC ID n federal po Name of Self Emp Receipt F Prir Oth | Aludson ddress 460 Silver Oaks Dr hburg umber of contributing blitical committee. Employer loyed for: mary General ler (specify) e (Last, First, Middle Initial) er R Lippens | VA 22801-3579 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ | Transaction ID: 31532991 Amount of Each Receipt this Period 250.00 |
| City Harrison FEC ID n federal po Name of Self Emp Receipt F Prir Oth | umber of contributing litical committee. Employer loyed for: mary General ler (specify) e (Last, First, Middle Initial) er R Lippens | VA 22801-3579 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ | Transaction ID: 31532991 Amount of Each Receipt this Period 250.00 |
| Harrison FEC ID n federal po Name of Self Emp Receipt F Prir Oth | umber of contributing blitical committee. Employer loyed For: mary General ler (specify) e (Last, First, Middle Initial) er R Lippens | VA 22801-3579 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period 250.00 |
| Receipt F Prir Oth | umber of contributing blitical committee. Employer loyed For: mary General ler (specify) e (Last, First, Middle Initial) er R Lippens | Occupation Doctor of Optometry Aggregate Year-to-Date | 250.00 |
| Receipt F Prir Oth | or: mary General ler (specify) ▼ e (Last, First, Middle Initial) er R Lippens | Doctor of Optometry Aggregate Year-to-Date ▼ | 0.00 |
| Prir Oth | mary General er (specify) ▼ e (Last, First, Middle Initial) er R Lippens | | 0.00 |
| | er R Lippens | | |
| | | | Date of Receipt |
| Mailing A | ddress 107 Emili Lane | | 03 / 25 / 2010 |
| City | | State Zip Code | Transaction ID: 31532995 |
| <u>Greenw</u> | ood | SC 29646-7929 | Amount of Each Receipt this Period |
| | umber of contributing olitical committee. | С | 400.00 |
| Name of Self Emp | Employer loyed | Occupation Doctor of Optometry | |
| | or: nary General er (specify) ♥ | Aggregate Year-to-Date ▼ | 0.00 |
| | e (Last, First, Middle Initial) B Gaudreau | | Date of Receipt |
| Mailing A | ddress 71 R I Line Road | | 03 25 2010 |
| City | | State Zip Code | Transaction ID: 31532997 |
| <u>Putnam</u> | | CT 06260 | Amount of Each Receipt this Period |
| | umber of contributing olitical committee. | C | 250.00 |
| | Employer loyed | Occupation Doctor of Optometry | |
| | for: mary General ler (specify) ♥ | Aggregate Year-to-Date ▼ 250 | 0.00 |
| SUBTOTAL | of Receipts This Page (optional) | | 900.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 84 / 120 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|---|---|--|
| or for commercial purposes, other than using the | Statements may not be sold or used by any perso e name and address of any political committee to | n for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) American Optometric Association Po | litical Action Committee | |
| Full Name (Last, First, Middle Initial) Dr Mark S Rakoczy Mailing Address 304 Hickory Dr | | Date of Receipt |
| Mailing Address 304 Hickory Dr | State Zip Code | 0 3 |
| Everett | PA 15537-9616 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 250.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr Scott R Ream | | Date of Receipt |
| Mailing Address 209 Wildwood Terrac | | 03 / 25 / Y Y Y Y |
| City | State Zip Code | Transaction ID: 31533003 |
| West Plains | MO 65775-2547 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 500.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr Rodolfo L Rodriguez | | Date of Receipt |
| Mailing Address 404 Main Street | | 03 / 25 / Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 31533005 |
| Ridgefield Park FEC ID number of contributing federal political committee. | NJ 07660-1128 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 1000.00 |
| TOTAL This Period (last page this line number | · | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 85 / 120 (check only one) X |
|----------|---|----------------------|---|---|
| An | y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol | e name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| ∠_ A. | Full Name (Last, First, Middle Initial) Dr Brian C Beattie Mailing Address 3218 Crocus Ave | | | Date of Receipt 0 3 3 1 2 0 1 0 |
| | City Bismarck | State ND | Zip Code 58501-3274 | Transaction ID: 31539986 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 30301 3274 | 300.00 |
| | Name of Employer Self Employed Receipt For: Primary General Other (specify) | - ' | f Optometry e Year-to-Date ▼ 300.00 | 1 |
| 3. | Full Name (Last, First, Middle Initial) Dr Jeffrey Gilbert Hirschl Mailing Address 7428 Eagle Trace | 0 0 | | Date of Receipt |
| | City | State | Zip Code | 0 3 3 1 2 0 1 0 Transaction ID: 31539992 |
| | Boardman FEC ID number of contributing federal political committee. | ОН | 44512-8100 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Self Employed | Occupatio | n f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 250.00 | |
| | Full Name (Last, First, Middle Initial) Dr Douglas C Morrow Mailing Address 903 Midway Dr | | | Date of Receipt |
| | City | State | Zip Code | 0 3 3 1 2 0 1 0 Transaction ID: 31539993 |
| | <u>Auburn</u> | IN | 46706-1129 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| | Receipt For: Primary General Other (specify) ▼ | , ' | e Year-to-Date ▼ 500.00 | |
| SI | UBTOTAL of Receipts This Page (optional) | 1 |) | 1050.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 86 / 120 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|--|--|--|
| Any information copied from such Reports and St or for commercial purposes, other than using the | atements may not be sold or used by any person name and address of any political committee to | n for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) American Optometric Association Polit | ical Action Committee | |
| Full Name (Last, First, Middle Initial) Dr Alva S Pack, III | | Date of Receipt |
| Mailing Address 111 Spring Lake Drive City | State Zip Code | 0 3 3 1 2 0 1 0 Transaction ID: 31541556 |
| Spartanburg | SC 29302-3686 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 365.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |
| Full Name (Last, First, Middle Initial) Dr Kristine M. Eng | | Date of Receipt |
| Mailing Address 25 Bear Ridge Road | | 03 7 31 7 2010 |
| City | State Zip Code | Transaction ID: 31541557 |
| <u>Orinda</u> | CA 94563-1001 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 450.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |
| Full Name (Last, First, Middle Initial) Dr Wanda C Batson | | Date of Receipt |
| Mailing Address 8120 Rock Hill Rd | | 03 / 31 / 2010 |
| City | State Zip Code | Transaction ID: 31541562 |
| Baker | FL 32531-7337 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 500.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 1315.00 |
| TOTAL This Period (last page this line number of | <u> </u> | |

| SCHEDULE A (FI | • | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 87 / 120 (check only one) X |
|--|--|---|---|
| or for commercial purpos NAME OF COMMITT | es, other than using the name and | address of any political committee to | on for the purpose of soliciting contributions a solicit contributions from such committee. |
| Full Name (Last, First Dr Barton M Pedersen Mailing Address 58. City Yucca Valley FEC ID number of confederal political comm. Name of Employer Self Employed | State CA attributing ttee. Occupa | 92284-6414 | Date of Receipt 0 3 |
| Receipt For: Primary Other (specify) | Aggreç General | gate Year-to-Date 250.00 | |
| Full Name (Last, First Dr Thomas J Cunningh Mailing Address 21 | am | Zip Code | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Chesterfield FEC ID number of core federal political commitments | ntributing ttee. MO | 63017-7525 | Transaction ID: 31541572 Amount of Each Receipt this Period 400.00 |
| Name of Employer Self Employed Receipt For: Primary Other (specify) | General Aggrec | ation r of Optometry gate Year-to-Date ▼ 400.00 | |
| Full Name (Last, First Dr Peter Charles Dubin Mailing Address 33 | Middle Initial) 97 Charleston Highway | | Date of Receipt 0 3 |
| City Walterboro | State SC | Zip Code 29488-6122 | Transaction ID: 31541574 Amount of Each Receipt this Period |
| FEC ID number of confederal political comming and the second seco | ttee. Occupa | | 250.00 |
| Receipt For: Primary Other (specify) | Aggreç General | r of Optometry gate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts | This Page (optional) |) | 900.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 88 / 120 (check only one) X |
|--|--|--|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any persong the name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| American Optometric Association | n Political Action Committee | |
| Full Name (Last, First, Middle Initial) Dr Debarah Ann Wallace | | Date of Receipt |
| Mailing Address 3397 Charleston I | Highway | 03 31 2010 |
| City | State Zip Code | Transaction ID: 31541575 |
| Walterboro | SC 29488-6122 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr John E Perkins | L | Date of Receipt |
| Mailing Address 3234 St Croix Stro | eet | M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O |
| City | State Zip Code | Transaction ID: 31541577 |
| Eugene | OR 97408-7355 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr Dennis W Rabe | L | Date of Receipt |
| Mailing Address 17 Shady Ln | | 03 31 2010 |
| City | State Zip Code | Transaction ID: 31541582 |
| Auburn | IL 62615-9460 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optio | nal) | 750.00 |

TOTAL This Period (last page this line number only)

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 89 / 120 (check only one) X |
|--|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po | Statements may not be sold or used by any personal name and address of any political committee to litical Action Committee | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr Mark Taylor Lopez Mailing Address 129 Valley Road City Groton FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General | State Zip Code CT 06340-4148 C Occupation Doctor of Optometry Aggregate Year-to-Date | Date of Receipt M M / D D / Y Y Y Y Y O 3 1 2 0 1 0 Transaction ID: 31541584 Amount of Each Receipt this Period 500.00 |
| Other (specify) Full Name (Last, First, Middle Initial) Dr Hale M Kell Mailing Address 7973 Sagebrush Ct | 500.00 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Boulder FEC ID number of contributing federal political committee. | State Zip Code CO 80301-5006 | Transaction ID: 31541588 Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | Occupation Doctor of Optometry Aggregate Year-to-Date 250.00 | |
| Full Name (Last, First, Middle Initial) Dr Kenneth K Morse Mailing Address 1104 S Missouri Aver | nue | Date of Receipt |
| City Casper FEC ID number of contributing federal political committee. | State Zip Code WY 82609-2828 | Transaction ID: 31541591 Amount of Each Receipt this Period 365.00 |
| Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 365.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 1115.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | for ea | separate schedule(s) ach category of the iled Summary Page | FOR LINE NUMBER: PAGE 90 / 120 (check only one) X |
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| Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) American Optometric Association | ng the name and address of | any political committee to | on for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) Dr Joseph A Sifferman Mailing Address 900 Nw Carkeek | Park Road | | Date of Receipt |
| City Seattle | State Zip WA 98 | Code 177-4755 | Transaction ID: 31541592 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: | Occupation Doctor of Optom | | 365.00 |
| Primary General Other (specify) ▼ | Aggregate Year-to- | 365.00 | |
| Full Name (Last, First, Middle Initial) Dr Ronald M Gilbert Mailing Address 8201 Elmway Dri | ve | | Date of Receipt 0 3 |
| City | State Zip | Code | Transaction ID: 31541601 |
| Dayton | OH 454 | 415-1604 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Self Employed | Occupation Doctor of Optor | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to- | Date ▼ 250.00 |] |
| Full Name (Last, First, Middle Initial) Dr James Edward Bureman | | | Date of Receipt |
| Mailing Address 1422 Cooper Blvo | 1 | | 03 7 31 7 2010 |
| City | · · · · · · · · · · · · · · · · · · · | Code | Transaction ID: 31541605 |
| Springfield FEC ID number of contributing federal political committee. | MO 658 | 302-2449 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self Employed | Occupation Doctor of Optor | netry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to- | | |
| SUBTOTAL of Receipts This Page (option | nal) | | 1115.00 |

| | OULE A (FEC Form 3X) ZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 91 / 120 (check only one) X |
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| or for com | nation copied from such Reports and St imercial purposes, other than using the OF COMMITTEE (In Full) ican Optometric Association Polit | name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Mailing City Beloit | ame (Last, First, Middle Initial) d J Thompson g Address 206 South Mill D number of contributing political committee. | State KS | Zip Code 67420-3239 | Date of Receipt M M M |
| Receip | of Employer mployed of For: Primary | | n f Optometry ≥ Year-to-Date ▼ 500.00 | |
| Dr S. 0 | ame (Last, First, Middle Initial) Glenn Bailey g Address 6311 Highland Drive | | | Date of Receipt 0 3 |
| | ngton O number of contributing political committee. | State WV | Zip Code 25705-2355 | Transaction ID: 31541609 Amount of Each Receipt this Period 500.00 |
| Receip | of Employer mployed of For: Primary General Other (specify) | | n f Optometry e Year-to-Date ▼ 500.00 | |
| Dr Ben | ame (Last, First, Middle Initial) jamin D Ingram g Address 4417 Erskine St | | | Date of Receipt 0 3 / 0 3 1 2 0 1 0 |
| | nbia D number of contributing political committee. | State SC | Zip Code 29206-4449 | Transaction ID: 31541610 Amount of Each Receipt this Period 365.00 |
| | of Employer mployed | Occupation Doctor of | n f Optometry | |
| | ot For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 365.00 | |
| SUBTOT | AL of Receipts This Page (optional) | | | 1365.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 92 / 120 (check only one) X 11a |
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| Any information copied from such Reports a or for commercial purposes, other than usin | and Statements may | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions of solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Optometric Association | <u> </u> | | |
| Full Name (Last, First, Middle Initial) Dr Michael W Schwartz | | | Date of Receipt |
| Mailing Address 5060 Williams Hig | hway | | 03 31 2010 |
| City Grants Pass | State OR | Zip Code 97527-8749 | Transaction ID: 31541619 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Self Employed | Occupation Doctor of | n Optometry | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr James Joseph Barney | I | | Date of Receipt |
| Mailing Address P O Box 680 | | | 03 30 7 2010 |
| City | State | Zip Code | Transaction ID: 31558398 |
| Livingston FEC ID number of contributing federal political committee. | C | 59047-0680 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed | Occupation Doctor of | n Optometry | 7 |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Dr Tommy J Ducklo | | | Date of Receipt |
| Mailing Address 6304 Chickering C | ircle | | 03 30 2010 |
| City Nashville | State TN | Zip Code 37215-5301 | Transaction ID: 31558405 |
| FEC ID number of contributing federal political committee. | C | 37213-3301 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed | Occupation Doctor of | n f Optometry | 7 |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 250.00 | |
| | | | 1000.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 93 / 120 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---------|--|--------------------------------|---|---|
| A or | ny information copied from such Reports and some for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma e name and ad | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | American Optometric Association Pol | litical Action | Committee | |
| | Full Name (Last, First, Middle Initial) Dr John F Hawley | | | Date of Receipt |
| | Mailing Address 1513 Pollen Crest Ct | | | 03 30 4 2010 |
| | City | State | Zip Code | Transaction ID: 31558406 |
| | Bakersfield | CA | 93314-8513 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 250.00 | |
| | Full Name (Last, First, Middle Initial) Dr Sandra M Connell | | | Date of Receipt |
| | Mailing Address 32965 Hilary Circle N | е | | 03 / 30 / Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 31558412 |
| | Cambridge | MN | 55008-7768 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 250.00 | |
| | Full Name (Last, First, Middle Initial) Dr Della K Simmons | | | Date of Receipt |
| | Mailing Address 2302 Milo Ave | | | 03 / 30 / 2010 |
| | City | State | Zip Code | Transaction ID: 31558414 |
| | Albert Lea | MN | 56007-3363 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 365.00 |
| | Name of Employer Self Employed | Occupatio Doctor o | n f Optometry | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) | 0 0 | 365.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | | | 865.00 |

| or for commercial p NAME OF COM American Op Full Name (Lass Dr Longley Lynn Mailing Address City Estes Park FEC ID number federal political Name of Employed Receipt For: Primary Other (sp Full Name (Lass Dr Thomas F De | purposes, other than using the MMITTEE (In Full) tometric Association Polit c, First, Middle Initial) Parker 6 600 South Saint Vrain of contributing committee. yer General ecify) | #5 State Zip Code CO 80517-7488 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ | Date of Receipt Date of Receipt |
|---|--|--|---|
| Full Name (Last Dr Longley Lynn Mailing Address City Estes Park FEC ID number federal political Name of Employed Receipt For: Primary Other (sp | tometric Association Polit First, Middle Initial) Parker 6 600 South Saint Vrain of contributing committee. yer General ecify) | #5 State Zip Code CO 80517-7488 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ | M M M J 30 2010 Transaction ID: 31558418 Amount of Each Receipt this Period |
| A. Dr Longley Lynn Mailing Address City Estes Park FEC ID number federal political Name of Employed Receipt For: Primary Other (sp Full Name (Last Dr Thomas F De | Parker 6 600 South Saint Vrain of contributing committee. yer General ecify) | State Zip Code CO 80517-7488 C Occupation Doctor of Optometry Aggregate Year-to-Date | M M M J 30 2010 Transaction ID: 31558418 Amount of Each Receipt this Period |
| City Estes Park FEC ID number federal political Name of Employed Receipt For: Primary Other (sp Full Name (Last Dr Thomas F De | of contributing committee. yer General ecify) | State Zip Code CO 80517-7488 C Occupation Doctor of Optometry Aggregate Year-to-Date | Transaction ID: 31558418 Amount of Each Receipt this Period |
| Estes Park FEC ID number federal political Name of Employed Receipt For: Primary Other (sp Full Name (Last Dr Thomas F De | committee. yer General ecify) ▼ | CO 80517-7488 C Occupation Doctor of Optometry Aggregate Year-to-Date | Amount of Each Receipt this Period |
| FEC ID number federal political Name of Employed Self Employed Receipt For: Primary Other (sp Full Name (Last Dr Thomas F De | committee. yer General ecify) ▼ | Occupation Doctor of Optometry Aggregate Year-to-Date | |
| Receipt For: Primary Other (sp Full Name (Last Dr Thomas F De | ☐ General ecify) ▼ | Doctor of Optometry Aggregate Year-to-Date ▼ | |
| Primary Other (sp Full Name (Last Dr Thomas F De | ecify) ▼ | | |
| Dr Thomas F De | | 250.00 | |
| Mailing Address | | l | Date of Receipt |
| | 728 E Country Club Dr | ive | 03 30 2010 |
| City | | State Zip Code | Transaction ID: 31558420 |
| Yuma FEC ID number federal political | | AZ 85365-3441 | Amount of Each Receipt this Period 1000.00 |
| Name of Emplo Self Employed | yer | Occupation Doctor of Optometry | |
| Receipt For: Primary Other (sp | General ecify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |
| Full Name (Las | r, First, Middle Initial) Corvese | | Date of Receipt |
| Mailing Address | 34 Chicory Lane | | 03 30 2010 |
| City | | State Zip Code | Transaction ID: 31558424 |
| Cranston FEC ID number federal political | | RI 02921-2713 | Amount of Each Receipt this Period 500.00 |
| Name of Emplo Self Employed | yer | Occupation Doctor of Optometry | |
| Receipt For: Primary Other (sp | General ecify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Re | | | 1750.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 95 / 120 (check only one) X 11a 11b 11c 12 13 14 15 16 |
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| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may not be sold or used by any pers e name and address of any political committee to | |
| NAME OF COMMITTEE (In Full) American Optometric Association Po | litical Action Committee | |
| Full Name (Last, First, Middle Initial) Dr John Howard Muto | | Date of Receipt |
| Mailing Address 3146 North 24Th Wa | - | 03 / 30 / 2010 |
| City | State Zip Code | Transaction ID: 31558425 |
| Boise | ID 83702-0610 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 300.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 300.00 | |
| Full Name (Last, First, Middle Initial) Dr Anne F Meccariello | | Date of Receipt |
| Mailing Address 9415 Onion Patch Dr | ive | 03 / 00 / 4 4 4 4 |
| City | State Zip Code | Transaction ID: 31558439 |
| <u>Burke</u> | VA 22015-4508 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 500.00 | |
| Full Name (Last, First, Middle Initial) Dr Michael Caplan | | Date of Receipt |
| Mailing Address 11469 Bronzedale Dr | ive | 03 30 2010 |
| City | State Zip Code | Transaction ID: 31558440 |
| <u>Oakton</u> | VA 22124-2125 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
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PAGE 96 / 120 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr Toni W Forrest Date of Receipt Mailing Address 6306 Tall Trees Lane #14 03 3 0 2010 Zip Code City State Transaction ID: 31558441 Springfield VA 22152-3934 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) Dr Steven Thomas Reed Date of Receipt Mailing Address 4550 Simpson Hwy 28 W 0 3 24 2010 City State Zip Code Transaction ID: 31579950 Magee MS 39111-5187 Amount of Each Receipt this Period FEC ID number of contributing C 270.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General

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| NAME OF COMMITTEE (In Full) American Optometric Association Political Ac | ction Committee | |
| Full Name (Last, First, Middle Initial) Friends Of Chris Dodd Mailing Address PO Box 270701 City Sta | ate Zip Code | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| West Hartford C FEC ID number of contributing federal political committee. C | C00347310 | Amount of Each Receipt this Period 5000.00 |
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| | y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) American Optometric Association Politica | ne and address of any political co | | | | | | | | | | | |
| V | American Optometric Association Folitica | Action Committee | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Friends Of Dick Durbin Committee Mailing Address PO Box 1949 | | | | | Trans Date | | sburs | _ | | | 0 Ĭ 0 | Y |
| | City Springfield | State Zip Code IL 62705 | | | | Amou | ınt of | Each | n Disk | ourse | ment | this F | eriod |
| | Purpose of Disbursement Candidate Contribution Candidate Name | | Cate | 11 egory | | | • | | | | 150 | 00.00 | |
| | | ement For: 2014 Primary General Other (specify) | T | ype | | Cand | idat | e Cor | ntrib | utior | 1 | | |
| | Full Name (Last, First, Middle Initial) Advance Arkansas PAC Mailing Address P Box 344 | | | | | Trans Date | | sburs | _ | | | 0 Ť 0 | Υ |
| | | | | | | | | | | | | | |
| | City Prescott | State Zip Code AR 71857 | | | | Amou | int of | Each | n Disk | ourse | - | this F | |
| | Purpose of Disbursement Committee Contribution Candidate Name | | | 11 egory | | L. | | • | • | | 500 | 00.00 | |
| | Advance Arkansas PAC Office Sought: House Senate President State: District: | ement For: Primary General Other (specify) ▼ | T | ype | | Comr | nitte | ee Co | ontrik | outio | n | | |
| | Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee | | | | | Trans Date | of Di | sburs | emer | | | | |
| | Mailing Address PO Box 360 | | | | | 0 ^M 3 | М | D C | 1 | / L | ž | 0 Ĭ 0 | Y |
| | City Prescott | State Zip Code AR 71857 | | | | Amou | int of | Each | n Disk | ourse | ment | this F | eriod |
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| | Candidate Name Rep. Michael Avery Ross | | Cate | egory ype | - | | | | | | | | |
| | Office Sought: X House Senate President State: AR District: 04 | ement For: 2010 Primary X General Other (specify) | • | • | | Cand | idat | e Coi | ntrib | utior | 1 | | |
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| or for commercial purposes, other than using the nam | e and addres | ss of any politica | com | nm | littee to s | SOLIC | t contr | ibuti | ons fro | om such | comr | nittee | |
| NAME OF COMMITTEE (In Full) American Optometric Association Political | Action Co | nmittee | | | | | | | | | | | |
| American Optometric Association Folitical | Action 00 | Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | | | 31405 | 927 | 7 | |
| Cantor For Congress | | | | | | | | of Di м | sburse | ement | · \ | , · · · | V |
| Mailing Address P. O. Box 17813 | | | | | | | 0 3 | , in | 0 | 1 ′ _ | 2 | 010 | o |
| City Richmond | State VA | Zip Code 23226 | | | | | Amou | nt of | Each | Disburse | emen | t this | Period |
| Purpose of Disbursement | | | | U | | | | | | | 50 | 00.00 |) |
| Candidate Contribution | | | | | 11 | | | | | | | | |
| Candidate Name Rep. Eric I. Cantor | | | | | egory/ /pe | | | | | | | | |
| Senate President | ement For: Primary Other (spe | 2010 X General ecify) ▼ | | | <u>'1</u> | | Candi | date | e Cor | ntributio | า | | |
| State: VA District: 07 | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Con | nmittee | | | | | | | | on ID: sburse | 31418 | 3682 | <u> </u> | |
| | | | | | | | M | M / | | 8 / | Y <u>Y</u> | 0 1 (| Y |
| Mailing Address 430 S. Capitol Street, S. | E. | | | | | | 0 3 | | 0 | 8 | . 2 | 010 |) |
| City Washington | State DC | Zip Code 20003 | | | | | Amou | nt of | Each | Disburse | - | | - |
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| Candidate Name Democratic Congressional Campaign Con | nmittee | | | | egory/ ype | | | | | | | | |
| Office Sought: House Disbursi Senate President | ement For: Primary Other (spe | General ecify) ▼ | | | | • | Comn | nitte | ee Co | ntributio | n | | |
| State: District: | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) National Republican Senatorial Committee | Э | | | | | | Date | of Di | on ID: sburse | 31418 ement | | | |
| Mailing Address 425 2nd Street, NE | | | | | | | 0 ^M 3 | M | 0 | 8 / | Ž | 010 | D Y |
| City Washington | State DC | Zip Code 20002 | | | | | Amou | nt of | Each | Disburse | emen | t this | Period |
| Purpose of Disbursement | | | | | - | | L. | | | | 150 | 00.00 |) |
| Committee Contribution | | | | _ | 11 | | | | | | | | |
| Candidate Name National Republican Senatorial Committee | | | | | egory/ ype | | | | | | | | |
| Office Sought: House Disburse Senate President | ement For: Primary Other (spe | General | | | | | Comn | nitte | ee Co | ntributio | n | | |
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| | y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| \rangle | American Optometric Association Politica | I Action Committee | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Dirigo PAC | | | | | Trans Date | | sburs | emer | _ | | Υ | Υ |
| | Mailing Address PO Box 1355 | | | | | 03 | | | 8 8 | L | | 0 Ĭ 0 | |
| | City Alexandria | State Zip Code VA 22313-1355 | | | | Amou | int of | Each | n Dist | ourse | - | this F | - |
| | Purpose of Disbursement Committee Contribution Candidate Name | | | 011 tego | | L. | | • | - | | 500 | 00.00 | |
| | Dirigo PAC | ement For: | | Гуре | | | | | | | | | |
| | Senate President State: District: | Primary General Other (specify) | | | | Comr | nitte | ee Co | ontrik | outio | n | | |
| | Full Name (Last, First, Middle Initial) Mike McIntyre For Congress | | | | | Trans | of Di | sburs | emer | _ | | | |
| | Mailing Address P.O. Box 1 | | | | | 0 ^M 3 | M / | D C | 8 (| / L | ž | 0 Ĭ 0 | Y |
| | City Lumberton | State Zip Code NC 28359 | | | | Amou | int of | Each | n Dist | ourse | | this F | |
| | Purpose of Disbursement Candidate Contribution Candidate Name Rep. Mike McIntyre | | Ca | 011 tega Γγρε | ory/ | | | • | | | 130 | 00.00 | |
| | Office Sought: X House Disburs | ement For: 2010 Primary General Other (specify) | | урс | - | Candi | idate | e Coi | ntrib | utior | 1 | | |
| | Full Name (Last, First, Middle Initial) Arcuri For Congress | | | | | Trans Date | of Di | sburs | emer | — - | | | |
| | Mailing Address P.O. Box 8508 | | | | | 0 ³ | M / | D C | 9 | / L | ž | 0 Ĭ 0 | Y |
| | City Utica | State Zip Code NY 13505 | | | | Amou | int of | Each | n Dist | ourse | ment | this F | Period |
| | Purpose of Disbursement Candidate Contribution | | | 011 | | L. | _ | _ | | | 300 | 00.00 | |
| | Candidate Name Rep. Michael A. Arcuri | | | tego Type | | | | | | | | | |
| | Office Sought: X House Senate President State: NY District: 24 | ement For: 2010 Primary X General Other (specify) ▼ | | | | Candi | idate | e Coi | ntrib | utior | ı | | |
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| NAM | ME OF COMMITTEE (In erican Optometric As | Full) | | | | | | | | <u> </u> | | |
| | Name (Last, First, Middl | e Initial) | | | | | | action ID: | - | 5712 | | |
| | stle Campaign Fund ing Address PO Bo | ox 133 | | | | | | f Disburse | 9 / | ž | 0 1 0 | Y |
| City | mington | | State DE | Zip Code 19899 | | | Amou | nt of Each | Disburs | ement | this Pe | eriod |
| Purp | oose of Disbursement didate Contribution | | DL | 19099 | | 044 | | | | 100 | 00.00 | |
| Can | didate Name b. Michael N. Castle | | | | Са | 011 tegory/ Γype | | | | | | |
| | ce Sought: Hous X Sena Presi | te | sbursement For: X Primary Other (spe | 2010 General cify) | | | Candi | date Cor | ntributio | n | | |
| Full | e: DE District: Name (Last, First, Middlends Of Rosa Delaure | , | | | | | | action ID: | - | 5713 | | |
| Maili | ing Address 12 Tru | mbull Street | | | | | 0 ^M 3 | _ | 9 / | ž į | 0 1 0 | Y |
| City New | v Haven | | State CT | Zip Code 06511 | | | Amou | nt of Each | Disburs | ement | this Pe | erio |
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| | didate Name b. Rosa L. DeLauro | | | | Са | tegory/ Type | | | | | | |
| | ce Sought: X Hous Sena Presi e: CT District: | te dent | sbursement For: X Primary Other (spe | 2010 General cify) | | | Candi | date Cor | ntributio | n | | |
| | Name (Last, First, Middl screll For Congress | e Initial) | | | | | Date o | action ID: f Disburse | ement | 5714 | | |
| Maili | ing Address P.O. E | Box 640 | | | | | 0 3 | / DO | 9 / | ž (| 0 1 0 | Y |
| City Toto | owa | | State NJ | Zip Code 07511 | | | Amou | nt of Each | Disburs | ement | this Pe | erio |
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| | didate Name b. William J. Pascrell | , Jr. | | | | tegory/ Γype | | | | | | |
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| | | y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee | |
| NAME OF COMMITTEE (In Full) | | | |
| American Optometric Association Politica | I Action Committee | | |
| Full Name (Last, First, Middle Initial) | | Transaction ID: 31425717 | |
| Whitfield For Congress Committee | | Date of Disbursement | |
| Mailing Address P.O. Box 391 | | $\begin{array}{c c} \begin{array}{c c} \begin{array}{c c} \\ \end{array} & \begin{array}{c cc \\ \end{array} & \begin{array}{$ | |
| City Hopkinsville | State Zip Code KY 42241 | Amount of Each Disbursement this Period | od |
| Purpose of Disbursement | 72241 | 1000.00 | |
| Candidate Contribution | | 011 | |
| Candidate Name Rep. Edward Whitfield | | Category/ Type | |
| Office Sought: X House Disburs | sement For: 2010 Primary X General | Candidate Contribution | |
| President | Other (specify) | | |
| State: KY District: 01 | | | |
| Full Name (Last, First, Middle Initial) | | Transaction ID: 31425718 | |
| Thoroughbred PAC | | Date of Disbursement | |
| Mailing Address PO BOX 65116 C/O Arent Fox PLLC | | 03 / 09 / 42010 | |
| City | State Zip Code DC 20035 | Amount of Each Disbursement this Period | od |
| Washington Purpose of Disbursement | DC 20035 | 2000.00 | |
| Committee Contribution | | 011 | |
| Candidate Name Thoroughbred PAC | | Category/ Type | |
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| Full Name (Last, First, Middle Initial) | | Transaction ID: 31425719 | |
| Senate Conservatives Fund | | Date of Disbursement | |
| Mailing Address 228 S. Washington St. Suite 115 | | $ \begin{array}{c c} & M & M \\ \hline 0 & 3 & M \end{array} $ | |
| City | State Zip Code | Amount of Each Disbursement this Perio | od |
| Alexandria | VA 22314 | 1000.00 | |
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| Candidate Name Senate Conservatives Fund | | Category/ Type | |
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| | NAME OF COMMITTEE (In Full) American Optometric Association Politic | cal Action Committee | | |
| ۸. | Full Name (Last, First, Middle Initial) Pallone For Congress | | | Transaction ID: 31426557 Date of Disbursement |
| | Mailing Address PO Box 3176 | | | 03 |
| | City Long Branch | State Zip Code NJ 07740 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Candidate Contirbution | | 011 | 1000.00 |
| | Candidate Name Rep. Frank Pallone, Jr. | | Category/ Type | |
| | Office Sought: X House Senate President State: NJ District: 06 | rsement For: 2010 X Primary General Other (specify) ▼ | | Candidate Contirbution |
| _ | Full Name (Last, First, Middle Initial) | | | Transaction ID: 31426558 |
| • | Pallone For Congress | | | Date of Disbursement |
| | Mailing Address PO Box 3176 | | | 03 7 10 7 2010 |
| | City Long Branch | State Zip Code NJ 07740 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Candidate Contribution | | 011 | 5000.00 |
| | Candidate Name Rep. Frank Pallone, Jr. | | Category/ Type | |
| | Office Sought: X House Senate President State: NJ District: 06 | rsement For: 2010 Primary X General Other (specify) | | Candidate Contribution |
| • | Full Name (Last, First, Middle Initial) GOAL PAC | | | Transaction ID: 31426559 Date of Disbursement |
| | Mailing Address PO BOX 30344 | | | 03 7 0 1 0 7 2 0 1 0 7 |
| | City Bethesda | State Zip Code MD 20824 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Committee Contribution | | 011 | 2500.00 |
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| $\left.\right\rangle$ | NAME OF COMMITTEE (In Full) American Optometric Association Po | | | | |
| | Full Name (Last, First, Middle Initial) Wally Herger For Congress Committee | ee | | | Transaction ID: 31426575 Date of Disbursement |
| | Mailing Address PO Box 1500 | | | | 03 |
| | City Chico | | Zip Code 95927 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Candidate Contribution Candidate Name | | | 011 Category/ | 1000.00 |
| | Rep. Wally Herger | sbursement For: | 2010 | Type | |
| | Senate President State: CA District: 02 | X Primary Other (specif | General fy) ▼ | | Candidate Contribution |
| | Full Name (Last, First, Middle Initial) John Campbell For Congress | | | | Transaction ID: 31426577 Date of Disbursement |
| | Mailing Address 4590 Macarthur Bo Suite 500 | ulevard | | | 03 |
| | City Newport Beach | | Zip Code 92660 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Candidate Contribution | | | 011 | 1000.00 |
| | Candidate Name Rep. John Campbell | | | Category/ Type | |
| | Office Sought: X House Senate President State: CA District: 48 | sbursement For: X Primary Other (specif | 2010 General fy) ▼ | | Candidate Contribution |
| | Full Name (Last, First, Middle Initial) Gallegly For Congress | | | | Transaction ID: 31426579 Date of Disbursement |
| | Mailing Address P.O. Box 940001 | | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 3 \end{smallmatrix} & \begin{smallmatrix} I & D \\ 0 & 1 \end{smallmatrix} & \begin{bmatrix} I & D \\ 0 & 1 \end{bmatrix} & \begin{smallmatrix} Y & Y & Y & 0 & Y & Y \\ & 2 & 0 & 1 & 0 & Y \end{bmatrix}$ |
| | City Simi Valley | | Zip Code 93094 | | Amount of Each Disbursement this Period |
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| | Candidate Name Rep. Elton Gallegly | | 2015 | Category/ Type | |
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| | President State: CA District: 24 | Other (specif | (y) ▼ | | |

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| | y Information copied from such Reports and State for commercial purposes, other than using the nar | | | | | |
| Λ | NAME OF COMMITTEE (In Full) | | | | | |
| V | American Optometric Association Politica | I Action Committee | | | | |
| | Full Name (Last, First, Middle Initial) Robin Carnahan For Senate | | | | Transaction ID: 31467036 Date of Disbursement | |
| | Mailing Address PO Box 50378 | | | | 0 3 1 6 2 0 1 | 0 ^Y |
| | | 7'- 0-4- | | | | |
| | City St Louis | State Zip Code MO 63105 | | | Amount of Each Disbursement this | |
| | Purpose of Disbursement Candidate Contribution | | | 011 | 5000.0 | 0 |
| | Candidate Name Robin Carnahan | | | ategory/ Type | | |
| | X Senate President | sement For: 2010 Primary X Gener Other (specify) | | .,,,,, | Candidate Contribution | |
| | State: MO District: Full Name (Last, First, Middle Initial) | | | | - " | |
| | Committe To Re-Elect Ed Towns | | | | Transaction ID: 31467038 Date of Disbursement | |
| | Mailing Address 438 Lewis Avenue | | | | 03 / 16 / 201 | 0 ^Y |
| | City Brooklyn | State Zip Code NY 11233 | | | Amount of Each Disbursement this | |
| | Purpose of Disbursement Candidate Contribution | | | 011 | 1000.0 | 0 |
| | Candidate Name Rep. Edolphus Towns | | | ategory/ Type | | |
| | , <u>x</u> | sement For: 2010 C Primary Gener | | | Candidate Contribution | |
| | President State: NY District: 10 | Other (specify) | aı | | | |
| | President | | | | Transaction ID: 31467039 Date of Disbursement | |
| | State: NY District: 10 Full Name (Last, First, Middle Initial) | Other (specify) ▼ | | | | 0 ^Y |
| | State: NY District: 10 Full Name (Last, First, Middle Initial) BRIDGE PAC Mailing Address 499 South Capitol St., 5 | Other (specify) ▼ | aı | | Date of Disbursement | |
| | President District: 10 Full Name (Last, First, Middle Initial) BRIDGE PAC Mailing Address 499 South Capitol St., S Suite 114 City | Other (specify) ▼ SW State Zip Code | | 011 | Date of Disbursement O 3 | Period |
| | President State: NY District: 10 Full Name (Last, First, Middle Initial) BRIDGE PAC Mailing Address 499 South Capitol St., S Suite 114 City Washington Purpose of Disbursement | Other (specify) ▼ SW State Zip Code | C | ategory/ | Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | Period |
| | President District: 10 Full Name (Last, First, Middle Initial) BRIDGE PAC Mailing Address 499 South Capitol St., South 114 City Washington Purpose of Disbursement Committee Contribution Candidate Name BRIDGE PAC | Other (specify) ▼ SW State Zip Code | C | - | Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | Period |
| | President State: NY District: 10 Full Name (Last, First, Middle Initial) BRIDGE PAC Mailing Address 499 South Capitol St., South 114 City Washington Purpose of Disbursement Committee Contribution Candidate Name BRIDGE PAC Office Sought: House Senate | Other (specify) State Zip Code DC 20003 Sement For: Primary Gener | C | ategory/ | Date of Disbursement M M M / D D D / Y Y Y O Y Amount of Each Disbursement this 5000.0 | Period |

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| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| V | American Optometric Association Politica | Action Committee | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Ralph Hall For Congress Committee | | | | | Trans | | - | _ | | 619 | | |
| | | | | | | Date of 3 | М | D | D | Ι ι / Υ | ý | 0 1 0 | Υ |
| | Mailing Address Post Office Box 711 | | | | | | | | | | | | |
| | City Rockwall | State Zip Code TX 75087 | | | | Amou | ınt o | Each | n Dist | ourse | ment | this F | Period |
| | Purpose of Disbursement Candidate Contribution | | | 011 | | | _ | | | | 500 | 00.00 | |
| | Candidate Name Rep. Ralph M. Hall | | Ca | ateg Type | ory/ | | | | | | | | |
| | Office Sought: X House Senate President Disburs | ement For: 2010 Primary X General Other (specify) | | Тур | 5 | Cand | idat | e Coi | ntrib | utior | 1 | | |
| | State: TX District: 04 Full Name (Last, First, Middle Initial) | | | | | | | | | 4 400 | 000 | | |
| | Inglis For Congress Committee Inc. | | | | | Trans Date | of Di | sburs | emer | | | | |
| | Mailing Address PO Box 210 | | | | | 0 ^M 3 | М | D 1 | 8 | / Y | ž | 0 Í 0 | Y |
| | City Travelers Rest | State Zip Code SC 29690 | | | | Amou | int o | Each | n Dist | ourse | | this F | |
| | Purpose of Disbursement Candidate Contribution | | | 011 | | | | • | | | 200 | 00.00 | |
| | Candidate Name Rep. Robert Durden Inglis | | | ateg Type | - | | | | | | | | |
| | | ement For: 2010 Primary General Other (specify) | | | | Cand | idat | e Coi | ntrib | utior | ı | | |
| | Full Name (Last, First, Middle Initial) Blumenthal For Senate | | | | | Trans | | | | | 922 | | |
| | Mailing Address 777 Summer Street | | | | | 0 3 | М | D 2 | 22 | / Y | ž | 0 Ť 0 | Y |
| | City Stamford | State Zip Code CT 06901 | | | | Amou | int o | Each | n Disk | ourse | ment | this F | Period |
| | Purpose of Disbursement Candidate Contribution | | | 011 | | L. | | | | _ | 250 | 00.00 | |
| | Candidate Name Mr. Richard Blumenthal | | Ca | ateg Type | ory/ | | | | | | | | |
| | | ement For: 2010 Primary General Other (specify) | <u> </u> | 76 | | Cand | idat | e Coi | ntrib | utior | 1 | | |
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| Ν | NAME OF COM | MITTEE (In Full) | | | | | | | | | | | | | | |
| / | American Opto | ometric Association | n Political | Action Co | mmittee | | | | | | | | | | | |
| | Full Name (Last, Friends Of Dai | First, Middle Initial) | | | | | | | | | on ID: | _ | | 938 | | |
| | Mailing Address | PO Box 74 | | | | | | | | М | | 2 2 | / Y | ž | 0 1 0 | Y |
| | City Syracuse | | | State NY | Zip Code 13214 | | | | Amou | ınt o | f Each | Disb | urse | ment | this P | eriod |
| | Purpose of Disbu | | | 111 | 13214 | | 0.1 | | | | | | | 100 | 00.00 | |
| | Candidate Name Rep. Daniel B. | | | | | Ca | 01 ateg Typ | ory/ | | | | | | | | |
| | Office Sought: State: NY | X House Senate President District: 25 | | ment For: Primary Other (spe | 2010 General | | . ,,, | 0 | Cand | idat | e Cor | ntribu | ution | | | |
| | Full Name (Last, Braley For Cor | First, Middle Initial) | 1 | | | | | | | of D | isburs | emen | | | | |
| | Mailing Address | PO Box 390 | | | | | | | 0 3 | М | [/] 2 | 2 2 | / Y | ž | 0 1 0 | Y |
| | City Waterloo | | | State IA | Zip Code 50704 | | | | Amou | ınt o | f Each | Disb | urse | - | | |
| | Purpose of Disbu Candidate Contri | | | | | | 01 | 1 | L. | _ | _ | | | 150 | 00.00 | _ |
| | Candidate Name Rep. Bruce Bra | aley | | | | | ateg Typ | ory/ e | | | | | | | | |
| | Office Sought: | X House Senate President | | ment For: Primary Other (spe | 2010 General ecify) | | | | Cand | idat | e Cor | ntribu | ution | | | |
| | State: IA | District: 01 | | | | | | | | | | | | | | |
| | Full Name (Last, Loebsack For | First, Middle Initial) Congress | | | | | | | | | on ID: | | | 956 | | |
| | Mailing Address | PO Box 1457 | | | | | | | 0 3 | М | [/] 2 | 2 2 | / Y | ž | 0 1 0 | Y |
| | City Iowa City | | | State IA | Zip Code 52244 | | | | Amou | ınt o | f Each | Disb | urse | ment | this P | eriod |
| | Purpose of Disbu Candidate Contril | | | | | | 01 | 1 | L. | | _ | | _ | 150 | 00.00 | _ |
| | Candidate Name Rep. David Wa | ayne Loebsack | | | | Ca | | ory/ | | | | | | | | |
| | Office Sought: | X House Senate President | Disburse | ment For: Primary Other (spe | 2010 X General ecify) ▼ | | | | Cand | idat | e Cor | ntribu | ution | | | |
| | State: IA | District: 02 | | | | | | | | | | | | | | |
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| ITEMIZED DISBURSEMENTS | Detailed Summary Page | 21b 22 X 23 24 25 27 28a 28b 28c 29 |
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| NAME OF COMMITTEE (In Full) American Optometric Association Politi | cal Action Committee | |
| Full Name (Last, First, Middle Initial) Herron For Congress | | Transaction ID: 31508979 Date of Disbursement |
| Mailing Address 142 West Main Street | | 03 |
| City Dresden | State Zip Code TN 38225 | Amount of Each Disbursement this Perio |
| Purpose of Disbursement Candidate Contribution | 011 | 5000.00 |
| Candidate Name Mr. Roy Herron | Categor Type | y/ |
| Senate President | xsement For: 2010 X Primary General Other (specify) ▼ | Candidate Contribution |
| State: TN District: 08 Full Name (Last, First, Middle Initial) | | Transaction ID: 31508982 |
| Friends Of Dennis Ross Mailing Address PO Box 7310 | | Date of Disbursement 0 3 |
| City | State Zip Code | |
| Lakeland | State Zip Code FL 33807 | Amount of Each Disbursement this Perio |
| Purpose of Disbursement Candidate Contribution Candidate Name | 011 Categor | 2500.00 |
| Mr. Dennis Ross | Туре | |
| Office Sought: X House Senate President State: FL District: 12 | rsement For: 2010 X Primary General Other (specify) ▼ | Candidate Contribution |
| Full Name (Last, First, Middle Initial) Castor For Congress | | Transaction ID: 31516622 Date of Disbursement |
| Mailing Address 301 W. Platt Street #3 | 85 | 03 |
| City Tampa | State Zip Code FL 33606 | Amount of Each Disbursement this Perio |
| Purpose of Disbursement Candidate Contribution | 011 | 2000.00 |
| Candidate Name Rep. Katherine Castor | Categor Type | y/ |
| Office Sought: X House Senate President State: FL District: 11 | x Primary General Other (specify) | Candidate Contribution |
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| | Full Name (Last, Castor For Co | First, Middle Initial) | | | | | | | action ID of Disburs | | 6623 | | |
| | Mailing Address | 301 W. Platt S | treet #385 | | | | | 0 3 | M / D 2 | 25 | Ý Ž (| 0 Í 0 | |
| | City Tampa | | State FL | | Code 3606 | | | Amou | nt of Each | Disburs | | | rio |
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| | Rep. Katherine Castor Office Sought: X House Disbursement For: 2010 | | | | | | | | | | | | |
| | - | Senate President | Prim | | X General | | | Cand | date Cor | ntributio | on | | |
| | State: FL Full Name (Last, Bob Filner For | District: 11 First, Middle Initial) Congress | | | | | | | action ID | | 6690 | | |
| | Mailing Address | PO Box 12148 | 0 | | | | | 0 3 | M / D | 25 | Ý Ž(| 0 1 0 ` | |
| | City Chula Vista | | State CA | | Code 1912 | | | Amou | nt of Each | Disburs | ement | this Pe | rio |
| | Purpose of Disbu Candidate Contri | | | | | 0 | 11 | L. | | | 100 | 0.00 | _ |
| | Candidate Name Rep. Bob Filner | | | | | | egory/ ype | | | | | | |
| | Office Sought: | X House Senate President | Disbursement X Prim Other | | 2010 General | | | Cand | date Cor | ntributio | n | | |
| | State: CA District: 51 Full Name (Last, First, Middle Initial) Martin Heinrich For Congress, Inc. | | | | | | | action ID | | 6732 | | | |
| | Martin Heinrich | For Congress, Ir | iC. | | | | | Date | of Disburs | Cilicili | | o í o | |
| | Martin Heinrich Mailing Address | For Congress, Ir 2118 Central A #71 | | | | | | | | 25 | ž | | - |
| | | 2118 Central A | | | o Code 7106 | | | 0 3 | | 25 / | ement | this Pe | |
| | Mailing Address City Albuquerque Purpose of Disbucandidate Contril | 2118 Central A #71 | venue Se State | | | _ | 11 | 0 3 | M / D | 25 / | ement | | |
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| \rangle | NAME OF COMMITTEE (In Full) American Optometric Association Political | · · | |
| <u> </u> | Full Name (Last, First, Middle Initial) Whitfield For Congress Committee | | Transaction ID: 31516733 Date of Disbursement |
| | Mailing Address P.O. Box 391 | | 03 7 25 7 2010 |
| | City Hopkinsville | State Zip Code KY 42241 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Candidate Contribution | 01 | |
| | Candidate Name Rep. Edward Whitfield | Cate Typ | - · |
| | Senate President | sement For: 2010 Primary X General Other (specify) | Candidate Contribution |
| | State: KY District: 01 Full Name (Last, First, Middle Initial) Friends Of Joe Pitts | | Transaction ID: 31516734 Date of Disbursement |
| | Mailing Address PO Box 775 | | 03 |
| | City Unionville | State Zip Code PA 19375 | Amount of Each Disbursement this Period |
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| | Candidate Name Rep. Joseph R. Pitts | Cate Typ | |
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| | Full Name (Last, First, Middle Initial) Friends Of Joe Pitts | | Transaction ID: 31516735 Date of Disbursement |
| | Mailing Address PO Box 775 | | 03 |
| | City Unionville | State Zip Code PA 19375 | Amount of Each Disbursement this Perio |
| | Purpose of Disbursement Candidate Contribution | 01 | |
| | Candidate Name Rep. Joseph R. Pitts | Cate Ty | |
| | Office Sought: X House Disbur Senate President State: PA District: 16 | sement For: 2010 Primary X General Other (specify) ▼ | Candidate Contribution |
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| \rangle | NAME OF COMMITTEE (In Full) American Optometric Association Politica | l Action Committee | | | | | | | |
| <u>/</u> | Full Name (Last, First, Middle Initial) Langevin For Congress | | | | Transaction ID: Date of Disburser | | | | |
| | Mailing Address 181-A Knight St | | | | 03 / 25 | 2010 | | | |
| | City Warwick | State Zip Code RI 02886 | | | Amount of Each D | isbursement this Per | | | |
| | Purpose of Disbursement Candidate Contribution | | 011 | | | 1000.00 | | | |
| | Candidate Name Rep. James R. Langevin | ory/ e | | | | | | | |
| | Senate President | ement For: 2010 Primary General Other (specify) | | | Candidate Contr | ibution | | | |
| | State: RI District: 02 Full Name (Last, First, Middle Initial) | | | | Transaction ID: | | | | |
| | Dan Seals For Congress Mailing Address P.O. Box 584 | | | | Date of Disbursem | _ | | | |
| | City | State Zip Code | | | Amount of Each D | isbursement this Per | | | |
| | Wilmette Purpose of Disbursement | IL 60091 | I | _ | | 2500.00 | | | |
| | Candidate Contribution Candidate Name Mr. Daniel Seals | | 011 Catego | ory/ | | | | | |
| | | ement For: 2010 Primary X General Other (specify) | Туре | 9 | Candidate Contr | ibution | | | |
| | Full Name (Last, First, Middle Initial) Friends Of Trey Grayson | | | | Transaction ID: Date of Disbursem | nent | | | |
| | Mailing Address PO Box 175726 | | | | 03 / 25 | 2010 | | | |
| | City Ft Mitchell | State Zip Code KY 41017 | | | Amount of Each D | isbursement this Per | | | |
| | Purpose of Disbursement Candidate Contribution | | 011 | | | 5000.00 | | | |
| | Candidate Name Trey Grayson | | Catego Type | | | | | | |
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| NAME OF COMMITTEE (In Full) American Optometric Association Polit | ·· | | olok dominations from addit dominikes | | | | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: 31516749 | | | | |
| Earl Pomeroy For Congress | | | Date of Disbursement | | | | |
| Mailing Address Post Office Box 9336 | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | | |
| City Fargo | State Zip Code ND 58106 | | Amount of Each Disbursement this Period | | | | |
| Purpose of Disbursement | ND 30100 | | 1000.00 | | | | |
| Candidate Contribution | | 011 | | | | | |
| Candidate Name Rep. Earl Pomeroy | Category/ Type | | | | | | |
| Senate President | ursement For: 2010 X Primary General Other (specify) ▼ | | Candidate Contribution | | | | |
| State: ND District: 01 Full Name (Last, First, Middle Initial) | | | 0.507744 | | | | |
| John Carter For Congress | | | Transaction ID: 31527741 Date of Disbursement | | | | |
| Mailing Address 1717 North Ih-35 Suite 304 | | | 03 7 3 0 7 2 0 1 0 7 | | | | |
| City Round Rock | State Zip Code TX 78664 | | Amount of Each Disbursement this Perio | | | | |
| Purpose of Disbursement | 70004 | | 1000.00 | | | | |
| Candidate Contribution Candidate Name | | 011 Category/ | | | | | |
| Rep. John R. Carter Office Sought: X House Disb | ursement For: 2010 | Туре | _ | | | | |
| Senate President | Primary X General Other (specify) | | Candidate Contribution | | | | |
| State: TX District: 31 Full Name (Last, First, Middle Initial) | | | Transaction ID: 31536329 | | | | |
| Rogers For Congress | | | Date of Disbursement | | | | |
| Mailing Address PO Box 581 Post Office Box 581 | | | $\begin{bmatrix} 0 & 3 & M & / & D & 3 & 1 \\ 0 & 3 & M & / & D & 3 & 1 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y$ | | | | |
| City Brighton | State Zip Code MI 48116 | | Amount of Each Disbursement this Perio | | | | |
| Purpose of Disbursement Candidate Contribution | | 011 | 2000.00 | | | | |
| Candidate Name Rep. Michael J. Rogers | | Category/ | | | | | |
| Office Sought: X House Senate President | ursement For: 2010 X Primary General Other (specify) ▼ | Туре | Candidate Contribution | | | | |
| State: MI District: 08 | | | | | | | |
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| \ \ | NAME OF COMMITTEE (In Full) | ing the name | and addre | ss or arry political | COIII | 1111111 | 56 10 81 | JIICIL COITI | Hoution | 5 110111 50 | CII COII | millee | |
| \rangle | American Optometric Associatio | n Political | Action Co | ommittee | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) John Salazar For Congress | | | | | | | _ | | ID: 31 ursemen | | 9 | |
| | Mailing Address PO Box 534 | | | | | | | 0 ^M 3 | M / | ^D 3 1 | Y | ž o ť o |) ^Y |
| | City Pueblo | | State CO | Zip Code 81002 | | | | Amo | unt of E | ach Disb | | | - |
| | Purpose of Disbursement Candidate Contribution | | | | | 011 | _ | L. | | | 10 | 00.00 |) |
| | Candidate Name Rep. John T. Salazar | | | | | | ory/ | _ | | | | | |
| | Office Sought: X House Senate President | | ment For: Primary Other (spe | 2010 General | | | | Cano | lidate (| Contribu | ition | | |
| | State: CO District: 03 | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Perlmutter For Congress | | | | | | | Date | of Disb | ID: 31 ursemen | | - | V |
| | Mailing Address 3440 Youngfiel #264 | ld Street | | | | | | 0 ^M 3 | M / | ^D 3 1 | <u>'</u> | 2 0 1 0 |) |
| | City Wheat Ridge | | State CO | Zip Code 80033 | | | | Amo | unt of E | ach Disb | | | - |
| | Purpose of Disbursement Candidate Contribution | | | | | 011 | | L. | | | 1(| 00.00 |) |
| | Candidate Name Rep. Edwin Perlmutter | | | | | atego Type | | | | | | | |
| | Office Sought: X House Senate President | Disburse | ment For: Primary Other (spe | 2010 X General ecify) ▼ | | | | Cano | lidate (| Contribu | ition | | |
| | State: CO District: 07 | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) John Thune For US Senate | | | | | | | Date | of Disb | ID: 31 ursemen | | | |
| | Mailing Address PO Box 3308 | | | | | | | 0 ^M 3 | M / | ^D 3 1 | Y 2 | ž o i o |) ^Y |
| | City Sioux Falls | | State SD | Zip Code 57101 | | | | Amo | unt of E | ach Disb | | | |
| | Purpose of Disbursement Candidate Contribution | | | | | 011 | |] L. | | | 1. | 500.00 |) |
| | Candidate Name John Thune | | | | | atego Type | - | | | | | | |
| | Office Sought: House X Senate President State: SD District: | | ment For: Primary Other (spe | 2010 General ecify) ▼ | | | | Cano | lidate (| Contribu | tion | | |
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| | NAME OF COMMITTEE (In Full) American Optometric Association Politica | • | | | | | | | | | | |
| <u>/</u> | Full Name (Last, First, Middle Initial) Cathy Mcmorris Rodgers For Congress | | | | | Trans | of Dis | burse | ment | 3639 | 3 | |
| | Mailing Address Box 137 | | | | | 0 3 | M / | ^D 3 | 1 / | Y | 2 0 1 (| O Y |
| | City Spokane | State Zip Code WA 99210 | | | | Amou | nt of | Each | Disbur | | nt this | |
| | Purpose of Disbursement Candidate Contribution | | | 01 | | L. | • | | • | 1(| 00.00 |) |
| | Candidate Name Rep. Cathy McMorris Rodgers Office Sought: X House Disburs | ateg Typ | - | | | | | | | | | |
| | X | ement For: 2010 Primary General Other (specify) | | | | Cand | idate | Con | tributi | on | | |
| | Full Name (Last, First, Middle Initial) MISSION PAC | | | | | Trans | | | | 3651 | 3 | |
| | Mailing Address 1831 Bay St SE | | | | | 0 3 | M / | ^D 3 | 1 / | Y | 2 0 1 (| O Y |
| | City Washington | State Zip Code DC 20003 | | | | Amou | nt of | Each | Disbur | semei | nt this | Period |
| | Purpose of Disbursement Committee Contribution | | | 01 | | | | | • | 1(| 00.00 |) |
| | Candidate Name MISSION PAC | | | ateg Typ | - | | | | | | | |
| | Office Sought: House Disburs Senate President State: District: | ement For: Primary General Other (specify) | | | | Comr | nitte | e Cor | ntribu | tion | | |
| | Full Name (Last, First, Middle Initial) Ryan For Congress | | | | | Trans | of Dis | burse | ment | | | |
| | Mailing Address P. O. Box 1919 | | | | | 0,3 | M / | ^D 3 | 1 / | Y 2 | 2 0 1 (| O Y |
| | City Janesville | State Zip Code WI 53547 | | | | Amou | nt of | Each | Disbur | | nt this I | |
| | Purpose of Disbursement Candidate Contribution | | | 01 | | L. | | | • | 1(| 00.00 |) |
| | Candidate Name Rep. Paul D. Ryan | | | ateg Typ | | | | | | | | |
| | 9 1 | ement For: 2010 Primary General Other (specify) | _ | | | Cand | idate | Con | tributi | on | | |
| Г | Oldio. 111 Diolitot. 01 | | | | | _ | | | | | 00.00 | |

| | CHEDULE B (FEC FOIII 3) | Use separate schedule | s) | | E NUMBER: PAGE 115 / 120 aly one) | | | | |
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| | EMIZED DISBURSEMENTS | Detailed Summary Page | | 21 27 | b 22 X 23 24 25 28 28 28b 28c 29 | | | | |
| | | | | | son for the purpose of soliciting contributions to solicit contributions from such committee | | | | |
| \rangle | NAME OF COMMITTEE (In Full) American Optometric Association F | Political Action Committee | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Harry Mitchell For Congress | | | | Transaction ID: 31536533 Date of Disbursement | | | | |
| | Mailing Address PO Box 23748 | | | | 03 | | | | |
| | City Tempe | State Zip Code AZ 85285 | | | Amount of Each Disbursement this Perio | | | | |
| | Purpose of Disbursement Candidate Contribution | | | 011 | 1000.00 | | | | |
| | Candidate Name Rep. Harry Mitchell Office Sought: X House | ategory/ Type | | | | | | | |
| | Senate President | Disbursement For: 2010 X Primary General Other (specify) ▼ | | | Candidate Contribution | | | | |
| | State: AZ District: 05 Full Name (Last, First, Middle Initial) Boozman For Arkansas | | | | Transaction ID: 31536541 Date of Disbursement | | | | |
| | Mailing Address 322 North Bloomi | ngton Suite A-B | | | 03 1 7 2 0 1 0 | | | | |
| | City Lowell | State Zip Code AR 72745 | | | Amount of Each Disbursement this Perio | | | | |
| | Purpose of Disbursement Candidate Contribution | | | 011 | 5000.00 | | | | |
| | Candidate Name Mr. John Boozman | | | ategory/ Type | | | | | |
| | Office Sought: House X Senate President State: AR District: | Disbursement For: 2010 Primary X General Other (specify) ▼ | | | Candidate Contribution | | | | |
| | Full Name (Last, First, Middle Initial) Dejoie For Congress | | | | Transaction ID: 31536542 Date of Disbursement | | | | |
| | Mailing Address 481 Shaker Rd | | | | 03 | | | | |
| | City Concord | State Zip Code NH 03301 | | | Amount of Each Disbursement this Perio | | | | |
| | Purpose of Disbursement Candidate Contribution | | | 011 | 2000.00 | | | | |
| | Candidate Name Mr. John Dejoie | | | ategory/ Type | | | | | |
| | Office Sought: X House Senate President State: NH District: 02 | Disbursement For: 2010 X Primary General Other (specify) ▼ | | | Candidate Contribution | | | | |
| | | | | | 1 | | | | |

| | CHEDULE B (FEC FOIII 3X) | Use separate schedule(s) | | | E NUMBER: PAGE 116 / 120 ply one) | | | | |
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| | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | 21k 27 | 22 X 23 24 25 28 28a 28b 28c 29 | | | | |
| | y Information copied from such Reports and Sta for commercial purposes, other than using the r | | | | | | | | |
| \rangle | NAME OF COMMITTEE (In Full) American Optometric Association Politi | cal Action Committee | | | | | | | |
| <u>v</u> | Full Name (Last, First, Middle Initial) Hanabusa 2010 | | | | Transaction ID: 31536720 Date of Disbursement | | | | |
| | Mailing Address P.O. Box 1416 | | | | 03 7 3 1 7 2 0 1 0 | | | | |
| | City Honolulu | State Zip Code HI 96806 | | | Amount of Each Disbursement this Perio | | | | |
| | Purpose of Disbursement Candidate Contribution | | | 011 | 5000.00 | | | | |
| | Candidate Name Colleen Hanabusa | ategory/ Type | | | | | | | |
| | Senate President | Primary Question Que | | | Candidate Contribution | | | | |
| | Full Name (Last, First, Middle Initial) Welch For Congress | Ciai-Filliary2010 | | | Transaction ID: 31536721 Date of Disbursement | | | | |
| | Mailing Address PO Box 1682 | | | | 03 1 7 2 0 1 0 4 | | | | |
| | City Burlington | State Zip Code VT 05402 | | | Amount of Each Disbursement this Perio | | | | |
| | Purpose of Disbursement Candidate Contribution | | | 011 | 1000.00 | | | | |
| | Candidate Name Mr. Peter Welch | | | ategory/ Type | | | | | |
| | Office Sought: X House Senate President State: VT District: 01 | x Primary | | | Candidate Contribution | | | | |
| | Full Name (Last, First, Middle Initial) Committee To Elect Linda Sanchez | | | | Transaction ID: 31536723 Date of Disbursement | | | | |
| | Mailing Address 601 S Glenoaks Blvd | Suite 211 | | | 03 7 3 1 7 2 0 1 0 | | | | |
| | City Burbank | State Zip Code CA 91502 | | | Amount of Each Disbursement this Perio | | | | |
| | Purpose of Disbursement Candidate Contribution | | | 011 | 1000.00 | | | | |
| | Candidate Name Linda Sanchez | | | ategory/ Type | | | | | |
| | Office Sought: X House Senate President State: CA District: 39 | rrsement For: 2010 X Primary General Other (specify) ▼ | | | Candidate Contribution | | | | |
| _ | UBTOTAL of Disbursements This Page (option | | | | 7000.00 | | | | |

SCHEDULE B (FEC Form 3X)

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| <u> </u> | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 X 23 24 25 2 28a 28b 28c 29 3 |
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| \setminus | NAME OF COMMITTEE (In Full) | | | |
| / | American Optometric Association Politica | Action Committee | | |
| | Full Name (Last, First, Middle Initial) Kurt Schrader For Congress | | | Transaction ID: 31536725 Date of Disbursement |
| | | | | 0 3 3 1 2 0 1 0 |
| | Suite 240 | State Zip Code | | |
| | City Portland | | Amount of Each Disbursement this Period | |
| | Purpose of Disbursement Candidate Contribution | | 011 | 1000.00 |
| | Candidate Name Mr. Kurt Schrader | Category/ Type | | |
| | Senate President | ement For: 2010 Primary General Other (specify) | 71- | Candidate Contribution |
| | State: OR District: 05 Full Name (Last, First, Middle Initial) | | | Transaction ID: 31536726 |
| | Friends Of Jim Meffert | | | Date of Disbursement |
| | Mailing Address PO Box 390576 | | | 03 7 3 1 7 2 0 1 0 |
| | City Edina | State Zip Code MN 55439 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Candidate Contribution | 011 | 5000.00 | |
| | Candidate Name Mr. James Meffert | Category/ Type | | |
| | Office Sought: X House Senate President State: MN District: 03 | ement For: 2010 Primary X General Other (specify) | | Candidate Contribution |
| | Full Name (Last, First, Middle Initial) Rodney Alexander For Congress Inc. | | | Transaction ID: 31536739 Date of Disbursement |
| | Mailing Address 319 Nancy'S Road 319 Nancy Road | | | 03 03 1 7 2 0 1 0 |
| | City Quitman | State Zip Code LA 71268 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Candidate Contribution | | 011 | 1000.00 |
| | Candidate Name Rep. Rodney Alexander | | Category/ Type | |
| | | ement For: 2010 Primary General | .,,,, | Candidate Contribution |
| | Senate President | Other (specify) | | |
| | Senate > | | | |

| | CHEDULE B (FEC Form 3X EMIZED DISBURSEMENTS | for each c | rate schedule(s) category of the Summary Page | FOR LINE (check only 21b 27 | PAGE 118 / 120 120 |
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| | y Information copied from such Reports and for commercial purposes, other than using t | • | | , , , | · · |
| \rangle | NAME OF COMMITTEE (In Full) American Optometric Association Po | olitical Action Co | mmittee | | |
| | Full Name (Last, First, Middle Initial) Friends Of Barbara Boxer Mailing Address PO Box 411176 | | | | Transaction ID: 31536935 Date of Disbursement |
| | City Los Angeles Purpose of Disbursement Candidate Contribution Candidate Name | State CA | Zip Code 90041 | 011 Cotogon/ | Amount of Each Disbursement this Period 1000.00 |
| | Sen. Barbara Boxer | Disbursement For: Primary Other (spec | 2010 X General | Category/ Type | Candidate Contribution |

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| | CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS | Use separate schedule(s for each category of the | FOR LINE (check only 21b | NUMBER: PAGE 119 / 120 / one) 22 |
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| _ | | Detailed Summary Page | 27 | 28a 28b 28c 29 30 |
| | Information copied from such Reports and Staten or commercial purposes, other than using the nam | | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| | American Optometric Association Political | Action Committee | | |
| | Full Name (Last, First, Middle Initial) Wachovia Federal | | | Transaction ID: 31570665 Date of Disbursement |
| | Mailing Address 1650 Tyson Blvd. | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$ |
| | City McLean | State Zip Code VA 22102 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Bank Fee | | 001 | 932.38 |
| | Candidate Name | | Category/ Type | |
| | Office Sought: House Disburse Senate President | ement For: Primary General Other (specify) | 1 7 | Bank Fee |
| | State: District: | | | |
| | Full Name (Last, First, Middle Initial) Bank of America | | | Transaction ID: 31572672 Date of Disbursement |
| | Mailing Address PO Box 790251 | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$ |
| | City St. Louis | State Zip Code MO 63179 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Bank Fee | | 001 | 714.42 |
| | Candidate Name | | Category/ Type | |
| | Office Sought: House Senate President State: District: | ement For: Primary General Other (specify) | | Bank Fee |
| | Full Name (Last, First, Middle Initial) Bank of America | | | Transaction ID: 31572726 Date of Disbursement |
| | Mailing Address PO Box 790251 | | | $\begin{bmatrix}\begin{smallmatrix}M&3&M\\0&3&\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&0&D\\0&2&\end{smallmatrix}]/\begin{bmatrix}\begin{smallmatrix}Y&&Y&&Y&&Y\\&&2&0&1&0\end{smallmatrix}$ |
| | City St. Louis | State Zip Code MO 63179 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Discover Fee | | 001 | 9.42 |
| | Candidate Name | | Category/ Type | |
| | Office Sought: House Disburse Senate President | ement For: Primary General Other (specify) | | Discover Fee |
| _ | State: District: | · | | |
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President

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| TEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | X 21b 22 28a | 23 24 25 26 28b 28c 29 30b |
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| NAME OF COMMITTEE (In Full) | · · · · · · · · · · · · · · · · · · · | | |
| / American Optometric Association Political | Action Committee | | |
| Full Name (Last, First, Middle Initial) Bank of America | | | action ID: 31572727 |
| Bank of America | | M | of Disbursement 0 5 2 0 1 0 |
| Mailing Address PO Box 790251 | | 0 3 | 05 2010 |
| | State Zip Code MO 63179 | Amou | nt of Each Disbursement this Period |
| Purpose of Disbursement | 03179 | | 272.71 |
| American Express Fee | | 001 | |
| Candidate Name | C | Category/ Type | |
| Office Sought: House Disburse Senate President State: District: | ement For: Primary General Other (specify) | Ameri | can Express Fee |
| Full Name (Last, First, Middle Initial) | | Trans | action ID: 31572728 |
| Bank of America | | | of Disbursement |
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| City St. Louis | State Zip Code MO 63179 | Amou | nt of Each Disbursement this Period |
| Purpose of Disbursement Bank Fee | | 001 | 167.69 |
| Candidate Name | | Category/ Type | |
| Office Sought: House Disburse Senate | ment For: Primary General | Bank | Fee |

| SUBTOTAL of Disbursements This Page (optional) | • | 440.40 |
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| TOTAL This Period (last page this line number only) | <u> </u> | 2096.62 |

Other (specify)

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