

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 03 01 2010 through 03 31 2010

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

Signature of Treasurer Electronically Filed by Thomas E. Nye, O.D. Date 04 16 2010

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Optometric Association Political Action Committee

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		395069.19
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning 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 <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From:    To:

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

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2235.62	5415.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2235.62	5415.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	155000.00	221000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	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
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr John D Coble	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 1501 Sunset Hill	<b>Transaction ID:</b> 31405268
	City State Zip Code Rockwall TX 75087-3216	Amount of Each Receipt this Period 83.35
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.05	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Linda M Chous	Date of Receipt MM / DD / YYYY 03 / 02 / 2010
	Mailing Address 1295 W Royal Oaks Drive	<b>Transaction ID:</b> 31406388
	City State Zip Code Shoreview MN 55126-8478	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Kevin Katz	Date of Receipt MM / DD / YYYY 03 / 03 / 2010
	Mailing Address 1205 Pin Oak Drive	<b>Transaction ID:</b> 31407394
	City State Zip Code Dickinson TX 77539-3320	Amount of Each Receipt this Period 163.64
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.92	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>346.99</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Maury M Kessler		Date of Receipt
	Mailing Address 7747 East Tarde Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 03 / 2010
	City	State	Zip Code
	Scottsdale	AZ	85255-4824
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 31407395
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Annette L Hanian		Date of Receipt
	Mailing Address 4717 E Berneil Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 03 / 2010
	City	State	Zip Code
	Phoenix	AZ	85028-5506
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 31407397
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr David Leslie Evans		Date of Receipt
	Mailing Address 112 Foxcrest Cove		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 01 / 2010
	City	State	Zip Code
	Jacksonville	AR	72076-2681
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 31409820
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 120  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Kenji Hamada

Mailing Address 255 Dawn Allan Dr

City State Zip Code  
Grants Pass OR 97527-8707

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

**Transaction ID:** 31409825

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Rod L Rallo

Mailing Address 1483 Sable Wing Circle

City State Zip Code  
Louisville KY 40223-6110

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

**Transaction ID:** 31409834

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Charles R Pruden, Jr

Mailing Address 2007 Hermitage Rd

City State Zip Code  
Wilson NC 27896-1629

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

**Transaction ID:** 31409836

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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



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

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

FOR LINE NUMBER: PAGE 9 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Joanne Hendrick

Mailing Address Po Box 509

City Monument State CO Zip Code 80132-0509

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 01 / 2010

**Transaction ID:** 31409837

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Christopher W Wroten

Mailing Address 7020 Hunters Way

City Denham Springs State LA Zip Code 70726-5642

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 03 / 2010

**Transaction ID:** 31410592

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Willard E Marionneaux, Jr

Mailing Address 598 Hwy 868

City Winnsboro State LA Zip Code 71295-6129

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 03 / 2010

**Transaction ID:** 31413968

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 120  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Antonio Ramirez

Mailing Address 4013 N 23Rd Ste B

City State Zip Code  
McAllen TX 78504-4131

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2010

Transaction ID: 31413971

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Steven D Koch

Mailing Address 1204 Madison

City State Zip Code  
Wenatchee WA 98801-1937

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2010

Transaction ID: 31413972

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Harold L Bircumshaw

Mailing Address 7933 East D Street

City State Zip Code  
Tacoma WA 98404-1070

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2010

Transaction ID: 31413973

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Mark E Nordin

Mailing Address 524 Jasper Lane

City Paintsville State KY Zip Code 41240-9338

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2010  
Transaction ID: 31413975  
Amount of Each Receipt this Period 500.00

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

Mailing Address 16035 Lausanne

City Houston State TX Zip Code 77070

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 03 / 2010  
Transaction ID: 31413983  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr Vincent M Young

Mailing Address 1407 Foxboro Ln

City Blanchard State OK Zip Code 73010-5087

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

Name of Employer N/A Occupation Student

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 03 / 2010  
Transaction ID: 31413984  
Amount of Each Receipt this Period 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 120  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Paul William Heersink

Mailing Address 2094 West Hwy 160

City State Zip Code  
Monte Vista CO 81144

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2010

**Transaction ID:** 31413988

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Paul B Snowden

Mailing Address 9313 Sw 28Th

City State Zip Code  
Oklahoma City OK 73128-3235

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2010

**Transaction ID:** 31413992

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Bruce W Varner

Mailing Address 6320 Old Antioche Rd

City State Zip Code  
Pauls Valley OK 73075-9113

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2010

**Transaction ID:** 31413995

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 120  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Michael J Mc Kinney

Mailing Address 1416 Kitsap Lake Road

City State Zip Code  
Bremerton WA 98312-8819

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2010

Transaction ID: 31413999

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Julio C Arroyo-Redondo

Mailing Address 121 W Silverwood Ranch Estates

City State Zip Code  
Shenandoah TX 77381

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2010

Transaction ID: 31414008

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Heather A Robben

Mailing Address 1039 390Th Avenue

City State Zip Code  
Victoria KS 67671-9671

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2010

Transaction ID: 31414015

Amount of Each Receipt this Period

250.00

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

750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 120  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Melissa Marie Sommers

Mailing Address 1205 Pin Oak

City State Zip Code  
Dickinson TX 77539

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2010

**Transaction ID:** 31414031

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Kelly M Boudreaux-Riley

Mailing Address 803 A Quail Rd

City State Zip Code  
Lubbock TX 79407-8059

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2010

**Transaction ID:** 31414033

Amount of Each Receipt this Period  
365.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Nolan C Riley

Mailing Address 7305 Aberdeen Avenue #3104

City State Zip Code  
Lubbock TX 79424-2517

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2010

**Transaction ID:** 31414035

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1865.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 120  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Dr Wesley Edward Pittman

Mailing Address 714 N Kaufman

City State Zip Code  
Mexia TX 76667-0590

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2010

Transaction ID: 31414037

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Rodney D Peele

Mailing Address 824 Azalea Drive

City State Zip Code  
Rockville MD 20850-2017

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

Name of Employer Occupation  
American Optometric Assoc- Associated Director Federal Relations  
iation

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2010

Transaction ID: 31414039

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Stanley Y Woo

Mailing Address 2501 Nicholson St

City State Zip Code  
Houston TX 77008-2022

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 04 / 2010

Transaction ID: 31414127

Amount of Each Receipt this Period

250.00

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

1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 120  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Alan G Peaslee

Mailing Address 4507 Wellington Woods Dr

City State Zip Code  
Hahira GA 31632-3109

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 0

Transaction ID: 31414389

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Hulon Houston Pass

Mailing Address 1901 Sunset

City State Zip Code  
Fort Stockton TX 79735-2511

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 0

Transaction ID: 31414402

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Michael Stephen Marvin

Mailing Address Sr 78 Box 16C

City State Zip Code  
Pine River MN 56474

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 0

Transaction ID: 31414403

Amount of Each Receipt this Period

250.00

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

1115.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 120  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Daniel T Nowak

Mailing Address N2986 Herman Lane

City State Zip Code  
Hortonville WI 54944-9773

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 0

Transaction ID: 31414405

Amount of Each Receipt this Period

365.00

**B.**

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

Mailing Address 400 8Th Street

City State Zip Code  
Snyder OK 73566

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 0

Transaction ID: 31414412

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Myron J Wilson

Mailing Address 725 Co

City State Zip Code  
Centre AL 35960

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 0

Transaction ID: 31414413

Amount of Each Receipt this Period

250.00

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

865.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Robert M Wlodek

Mailing Address 245 Elkins Circle

City Henderson State NV Zip Code 89074-5369

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 04 / 2010  
Transaction ID: 31415067  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Lisa S Howard

Mailing Address 147 Glenstone Circle

City Harrogate State TN Zip Code 37752-3740

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 04 / 2010  
Transaction ID: 31415069  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Kristen A Langner

Mailing Address 46 E Irving Park Rd

City Roselle State IL Zip Code 60172-2063

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 04 / 2010  
Transaction ID: 31415070  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 6450 Nw Loop 410  
Ste 115

City San Antonio State TX Zip Code 78238-4210

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 04 / 2010  
Transaction ID: 31415126  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Albert J Hoffman

Mailing Address 966 Lincoln Drive

City Conneaut State OH Zip Code 44030-2169

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 04 / 2010  
Transaction ID: 31415127  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr William A Lynch, Jr

Mailing Address 2 Burr Oak Ct

City Cuba State MO Zip Code 65453-8606

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 04 / 2010  
Transaction ID: 31415131  
Amount of Each Receipt this Period 250.00

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

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

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

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

FOR LINE NUMBER: PAGE 20 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr J. Michael Weil

Mailing Address 2653 Wimbledon Point Dr

City State Zip Code  
Virginia Beach VA 23454-1171

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2010

**Transaction ID:** 31415133

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Christopher R Rugaber

Mailing Address 240 1St Street

City State Zip Code  
Butler PA 16001-4767

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2010

**Transaction ID:** 31415139

Amount of Each Receipt this Period  
365.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Mark D Pifer

Mailing Address 1627 Cedar Point Rd

City State Zip Code  
Sandusky OH 44870-5210

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2010

**Transaction ID:** 31415140

Amount of Each Receipt this Period  
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 21 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Brian J Weber

Mailing Address 3 Campbell Road

City Bedford State NH Zip Code 03110-4504

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 03 / 04 / 2010  
Transaction ID: 31415144  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Michael Robert Schmit

Mailing Address 5122 Breckenridge Drive

City Cincinnati State OH Zip Code 45247-3306

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

Name of Employer Self Employed Occupation Doctor of Optometry

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

Date of Receipt 03 / 03 / 2010  
Transaction ID: 31416339  
Amount of Each Receipt this Period 240.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Mark E Allmaras

Mailing Address 3107 Kesterel St

City Valparaiso State IN Zip Code 46383-7090

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

Name of Employer Self Employed Occupation Doctor of Optometry

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

Date of Receipt 03 / 03 / 2010  
Transaction ID: 31416344  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1490.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 120  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr James Oliver Morse		Date of Receipt MM / DD / YYYY 03 / 03 / 2010
	Mailing Address Po Box 106		<b>Transaction ID:</b> 31416351
	City Middle Granville	State NY	Zip Code 12849-0106
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Teruo Watanabe		Date of Receipt MM / DD / YYYY 03 / 03 / 2010
	Mailing Address 3311 S Olaf Hill Dr		<b>Transaction ID:</b> 31416357
	City Hacienda Heights	State CA	Zip Code 91745-6142
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Charles A Richards		Date of Receipt MM / DD / YYYY 03 / 03 / 2010
	Mailing Address 16250 Monache Rd		<b>Transaction ID:</b> 31416363
	City Apple Valley	State CA	Zip Code 92307-1409
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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

1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 120  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Diana W Gilbert

Mailing Address 8629 N Pavillion

City State Zip Code  
West Chester OH 45069-4885

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 03 / 2010  
Transaction ID: 31416365  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Dennis E Curtis

Mailing Address 605 S Third

City State Zip Code  
Hugo OK 74743

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 03 / 2010  
Transaction ID: 31416366  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Scott Smith Weaver

Mailing Address 50 Doersam Ct

City State Zip Code  
York PA 17406-6916

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 03 / 2010  
Transaction ID: 31416367  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 120  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Alison A Arrants

Mailing Address P O Box 2250

City State Zip Code  
Rock Springs WY 82902-2250

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2010

**Transaction ID:** 31416383

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Robert L Jarrell, III

Mailing Address 50 Cedar Hill Rd

City State Zip Code  
Albuquerque NM 87122-1928

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2010

**Transaction ID:** 31416667

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Lori Ann Youngman

Mailing Address 4535 Nw Aspen St

City State Zip Code  
Camas WA 98607-8302

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.01

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2010

**Transaction ID:** 31416669

Amount of Each Receipt this Period  
166.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► **616.67**

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



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

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

FOR LINE NUMBER: PAGE 25 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 6436 Spotted Fawn Run

City State Zip Code  
Littleton CO 80125-9055

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2010

Transaction ID: 31416673

Amount of Each Receipt this Period  
200.00

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

Mailing Address 46 Lambeth Walk

City State Zip Code  
Fairview NC 28730-7721

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2010

Transaction ID: 31416675

Amount of Each Receipt this Period  
200.00

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

Mailing Address 3 Schindler Drive

City State Zip Code  
Succasunna NJ 07876-1183

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2010

Transaction ID: 31416678

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 120  
(check only one)

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

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

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

**A.**

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

Mailing Address 61269 Coralburst Dr

City Washington State MI Zip Code 48094-1746

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 477.27

Date of Receipt 03 / 09 / 2010

Transaction ID: 31424699

Amount of Each Receipt this Period 159.09

**B.**

Full Name (Last, First, Middle Initial)  
Dr James Maxwell Ernst

Mailing Address 14 Bittersweet Dr

City Alexandria State KY Zip Code 41001-1300

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 09 / 2010

Transaction ID: 31424701

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr John W Heltsley

Mailing Address 405 Warwick Way

City Hopkinsville State KY Zip Code 42240-1408

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 09 / 2010

Transaction ID: 31424702

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 959.09

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 120

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Dr Carey A Patrick

Mailing Address 970 Patrician Court

City State Zip Code  
Fairview TX 75069-8781

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2010

Transaction ID: 31424704

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Mark J Cook

Mailing Address 5698 Mountain Road

City State Zip Code  
Brighton MI 48116-9732

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2010

Transaction ID: 31424705

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr R. Scott Wooley

Mailing Address 34 Stoneforge Pike

City State Zip Code  
Flora IL 62839-2325

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2010

Transaction ID: 31424894

Amount of Each Receipt this Period

1200.00

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

1400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr James C Leadingham	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 2135 Rt 1185	<b>Transaction ID:</b> 31424895
	City State Zip Code Louisa KY 41230	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr William H Stephen	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 4808 Tannery Place	<b>Transaction ID:</b> 31424918
	City State Zip Code Tampa FL 33624-4532	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Gretchen L Langkawl	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 1685 Hilltop Ln	<b>Transaction ID:</b> 31424921
	City State Zip Code Cottondale AL 35453-1363	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1115.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 120  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Michael Gabriel Stamboly

Mailing Address 401 5Th Street Ne

City Atlanta State GA Zip Code 30308-2022

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 05 / 2010  
**Transaction ID:** 31424936  
 Amount of Each Receipt this Period: 500.00

**B.**

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

Mailing Address 2432 Lake Air Drive

City Waco State TX Zip Code 76710-1611

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.27

Date of Receipt: 03 / 10 / 2010  
**Transaction ID:** 31426434  
 Amount of Each Receipt this Period: 84.09

**C.**

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

Mailing Address 179 Wood Trace

City Benton State KY Zip Code 42025-9400

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.01

Date of Receipt: 03 / 10 / 2010  
**Transaction ID:** 31426439  
 Amount of Each Receipt this Period: 166.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.76**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 120  
(check only one)

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

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

**A.**

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

Mailing Address 2505 Rivermont Circle

City Kingsport State TN Zip Code 37660-2392

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2010

Transaction ID: 31426440

Amount of Each Receipt this Period  
83.33

**B.**

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

Mailing Address 1818 Fremont

City Laredo State TX Zip Code 78043-2605

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 05 / 2010

Transaction ID: 31426479

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Timothy D Johnson

Mailing Address 12 Northridge Rd  
P O Box 517

City Bellows Falls State VT Zip Code 05101-3126

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 05 / 2010

Transaction ID: 31426482

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **883.33**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 120  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Michael P Gilliland

Mailing Address 6563 Masefield Street

City State Zip Code  
Worthington OH 43085-3032

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2010

**Transaction ID:** 31426483

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Jerry L Mc Combs

Mailing Address 800 Magnolia Street

City State Zip Code  
Teague TX 75860-2220

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2010

**Transaction ID:** 31426486

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Travis L Kinderknecht

Mailing Address P O Box 143  
125 Garfield St

City State Zip Code  
Quinter KS 67752-0143

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2010

**Transaction ID:** 31426487

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 120  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Paul A Williams

Mailing Address 4211 Alabaster Ln Se

City State Zip Code  
Lacey WA 98503-2191

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 05 / 2010

Transaction ID: 31426491

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Michael J Guilbert

Mailing Address 14 Harrison

City State Zip Code  
Deadwood SD 57732-1402

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 05 / 2010

Transaction ID: 31426497

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr David P Guhl

Mailing Address 5170 Wild Rose Lane

City State Zip Code  
Colorado Spgs CO 80918-3966

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 05 / 2010

Transaction ID: 31426512

Amount of Each Receipt this Period

500.00

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

1250.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Brad Lee Steger  
 Mailing Address 112 Houston St  
 City State Zip Code  
 Borger TX 79007-6420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt: 03 / 05 / 2010  
**Transaction ID:** 31426515  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Douglas C Beemer  
 Mailing Address P O Box 1234  
 City State Zip Code  
 Pierre SD 57501-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt: 03 / 05 / 2010  
**Transaction ID:** 31426516  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr John Loucopoulos  
 Mailing Address 5 Hammonassett Meadows Rd  
 City State Zip Code  
 Madison CT 06443-2011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt: 03 / 05 / 2010  
**Transaction ID:** 31426522  
 Amount of Each Receipt this Period: 250.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Stephen M Montaguila  
 Mailing Address 28 Peveril Road  
 City Cranston State RI Zip Code 02921-2422  
 Date of Receipt 03 / 05 / 2010  
**Transaction ID:** 31426523  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Tracy J Waner  
 Mailing Address 1002 Linda Ct  
 City Newport State NC Zip Code 28570-9349  
 Date of Receipt 03 / 05 / 2010  
**Transaction ID:** 31426525  
 Amount of Each Receipt this Period 365.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Matthew R Waner  
 Mailing Address 1002 Linda Court  
 City Newport State NC Zip Code 28570-9349  
 Date of Receipt 03 / 05 / 2010  
**Transaction ID:** 31426526  
 Amount of Each Receipt this Period 365.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1230.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 120

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Weslie M Hamada

Mailing Address 505 Avocado Street

City State Zip Code  
Wahiawa HI 96786-1822

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2010

Transaction ID: 31426531

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Amy D Kirkpatrick Hartman

Mailing Address 105 Park View Drive

City State Zip Code  
Victoria TX 77904

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2010

Transaction ID: 31426532

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Mark W Harris

Mailing Address 137 Pasture Drive

City State Zip Code  
Manchester NH 03102-4961

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2010

Transaction ID: 31426605

Amount of Each Receipt this Period

500.00

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

1165.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Bruce D Krutsinger

Mailing Address 15901 Tahoe Dr

City State Zip Code  
Houston TX 77040-1243

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2010

**Transaction ID:** 31427198

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Larry D Sumner

Mailing Address 1343 Carlyle Park Circle

City State Zip Code  
Highlands Ranch CO 80129-6974

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2010

**Transaction ID:** 31438626

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Dennis A Swarner

Mailing Address Box 1669

City State Zip Code  
Kenai AK 99611-7744

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 31438632

Amount of Each Receipt this Period  
84.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **434.00**

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

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

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

FOR LINE NUMBER: PAGE 37 / 120  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Charlotte F Nielsen

Mailing Address 118 Whitehall Court

City State Zip Code  
Grayslake IL 60030-3492

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 1 0

Transaction ID: 31438634

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Sheryl A Lentfer

Mailing Address 1345 West 9Th Avenue

City State Zip Code  
Anchorage AK 99501-3236

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 1 0

Transaction ID: 31438635

Amount of Each Receipt this Period

84.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Edward M Kosnoski

Mailing Address 305 Kensington Ave S

City State Zip Code  
Kent WA 98030-7004

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 1 0

Transaction ID: 31438637

Amount of Each Receipt this Period

250.00

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

434.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 120  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr G. Chad Green

Mailing Address 5960 Co Rd 19

City Linden State AL Zip Code 36748

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 14 / 2010

Transaction ID: 31459450

Amount of Each Receipt this Period 100.00

**B.**

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

Mailing Address 1346 Heller Drive

City Yardley State PA Zip Code 19067-2714

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.01

Date of Receipt 03 / 14 / 2010

Transaction ID: 31459451

Amount of Each Receipt this Period 66.67

**C.**

Full Name (Last, First, Middle Initial)  
Dr Rhett Hamer Richardson

Mailing Address 373 Goss Lane

City Barnwell State SC Zip Code 29812-6435

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2010

Transaction ID: 31464645

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **416.67**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 120  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Reginald H Jones

Mailing Address 71 Cottage Circle

City State Zip Code  
West Lebanon NH 03784-1438

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 31464649

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Larry M Scheele

Mailing Address 290 Idle Lake Ct

City State Zip Code  
Sumter SC 29150-1128

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 31464651

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Sidney J Stern

Mailing Address 2013 Fisher Island Dr

City State Zip Code  
Miami Beach FL 33109-0023

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 31464683

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 40 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr David W Hamill

Mailing Address 3309 W Hampton Pointe Dr

City State Zip Code  
Florence SC 29501-8678

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 31464685

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 170 Heatherstone Lane

City State Zip Code  
Rochester NY 14618-4866

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** 31464713

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Phillip Ray Fruge

Mailing Address Rt 6 Box 71 8

City State Zip Code  
Harlingen TX 78552-9806

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** 31464716

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 120  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Cynthia Ann Cid

Mailing Address 217 Saddlemountain Rd

City State Zip Code  
Colorado Spgs CO 80919-2106

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

Transaction ID: 31464722

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr J. Eric Paulsen

Mailing Address 1801 Memorial Dr

City State Zip Code  
Sturgeon Bay WI 54235-1064

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

Transaction ID: 31464723

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Jerry M Winston

Mailing Address 900 Harbor Pointe Way

City State Zip Code  
Knoxville TN 37922-4153

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

Transaction ID: 31464725

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 42 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Barry A Winston

Mailing Address 586 Arrowhead Trail

City State Zip Code  
Knoxville TN 37919

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** 31464726

Amount of Each Receipt this Period  
500.00

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

Mailing Address 407 Nevada Ave

City State Zip Code  
Mt Sterling KY 40353-1035

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** 31464728

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Robert Vernon Glaze, Jr

Mailing Address 5097 165Th Pl, Se

City State Zip Code  
Bellevue WA 98006-5511

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** 31464730

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 120

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Dr David Robert Anderson

Mailing Address 707 Williamsburg Drive

City	State	Zip Code
Tarboro	NC	27886-3354

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

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
03 / 10 / 2010

Transaction ID: 31464731

Amount of Each Receipt this Period

500.00
--------

B.

Full Name (Last, First, Middle Initial)  
Dr Staci Perea Mc Mullen

Mailing Address 13886 Single Leaf Ct

City	State	Zip Code
Colorado Spgs	CO	80921-2969

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

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
03 / 10 / 2010

Transaction ID: 31464738

Amount of Each Receipt this Period

500.00
--------

C.

Full Name (Last, First, Middle Initial)  
Dr Robert Carl Layman

Mailing Address 4937 Homerdale Avenue

City	State	Zip Code
Toledo	OH	43623-2930

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

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
03 / 15 / 2010

Transaction ID: 31465579

Amount of Each Receipt this Period

500.00
--------

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

1500.00
---------

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

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 120  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Gregory Allen Browning

Mailing Address 1 Fairwood Lane

City State Zip Code  
Ceredo WV 25507

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2010

**Transaction ID:** 31465663

Amount of Each Receipt this Period  
100.00

**B.**

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

Mailing Address 3537 New Castle Dr Se

City State Zip Code  
Rio Rancho NM 87124-3672

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2010

**Transaction ID:** 31468470

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Craig F Clatanoff

Mailing Address 3537 Newcastle Dr Se

City State Zip Code  
Rio Rancho NM 87124-3672

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2010

**Transaction ID:** 31468471

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 120

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Dr Kathy Chriqui

Mailing Address 18211 Calvert St

City	State	Zip Code
Tarzana	CA	91335-7002

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

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2010

Transaction ID: 31476270

Amount of Each Receipt this Period  
250.00

B.

Full Name (Last, First, Middle Initial)  
Dr John D Emch

Mailing Address Po Box 93

City	State	Zip Code
Archbold	OH	43502-0093

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

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2010

Transaction ID: 31478760

Amount of Each Receipt this Period  
250.00

C.

Full Name (Last, First, Middle Initial)  
Dr J. Travis Yadon

Mailing Address 2109 Avian Way

City	State	Zip Code
Oklahoma City	OK	73170-3436

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

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2010

Transaction ID: 31478763

Amount of Each Receipt this Period  
500.00

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

1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 120

(check only one)

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

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

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

**A.**

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

Mailing Address 9325 Stratford Way

City State Zip Code  
Dallas TX 75220-5084

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2010

Transaction ID: 31478764

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Richard A Kjome

Mailing Address N11268 Pineywood Drive

City State Zip Code  
Elcho WI 54428

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2010

Transaction ID: 31478770

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr William J Lapple

Mailing Address 8663 East Main Road

City State Zip Code  
Le Roy NY 14482-9717

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2010

Transaction ID: 31478771

Amount of Each Receipt this Period

365.00

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

2615.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 120

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr James L Bocuzzi		Date of Receipt MM / DD / YYYY 03 / 15 / 2010		
	Mailing Address 689 Mansfield City Rd		<b>Transaction ID:</b> 31478772		
	City Storrs Mansfield	State CT	Zip Code 06268-2728	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Self Employed Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr David P Dozack		Date of Receipt MM / DD / YYYY 03 / 16 / 2010		
	Mailing Address 228 Timothy Lane		<b>Transaction ID:</b> 31479241		
	City Horseheads	State NY	Zip Code 14845-1837	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Self Employed Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Paul D Mormon		Date of Receipt MM / DD / YYYY 03 / 16 / 2010		
	Mailing Address 2207 Grandbury Way Cove		<b>Transaction ID:</b> 31479242		
	City Germantown	State TN	Zip Code 38139	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Self Employed Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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

4000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 120  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Richard M Soden

Mailing Address 10 Smithtown Blvd Apt 2A

City State Zip Code  
Smithtown NY 11787

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2010

Transaction ID: 31480594

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Karen R Wharton

Mailing Address 11684 Ranch Elsie Rd

City State Zip Code  
Golden CO 80403-7307

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

Transaction ID: 31480778

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Catherine M Ferentini

Mailing Address 14 Birch Hill Drive

City State Zip Code  
West Hartford CT 06107-3101

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

Transaction ID: 31480779

Amount of Each Receipt this Period  
250.00

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

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



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

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

FOR LINE NUMBER: PAGE 49 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Mark Robert Hanson

Mailing Address 2705 Butler Drive

City State Zip Code  
Arlington TX 76012-5362

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 31480786

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Thaddeus O Daniel

Mailing Address 4635 Clearview Lane

City State Zip Code  
Oneida WI 54155-9280

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 31480787

Amount of Each Receipt this Period  
500.00

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

Mailing Address Po Box 302  
106 Davis Hill Road

City State Zip Code  
New London NH 03257-0302

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 518.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 31480789

Amount of Each Receipt this Period  
166.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **916.00**

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

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

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

FOR LINE NUMBER: PAGE 50 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Diane T Ta

Mailing Address 5062 Watergate Drive

City State Zip Code  
Myrtle Beach SC 29588-6317

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** 31480792

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Jeffrey M Bieter

Mailing Address W 11795 570Th Ave

City State Zip Code  
Prescott MN 54021

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID:** 31480801

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Charles G Stevenson, III

Mailing Address 66 Circle Drive

City State Zip Code  
Defuniak Springs FL 32435-2543

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID:** 31480805

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 51 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Ronald Lee Hopping  
Mailing Address 1801 Creekside Dr  
City Friendswood State TX Zip Code 77546-7821  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 545.46  
Date of Receipt 03 / 19 / 2010  
Transaction ID: 31496601  
Amount of Each Receipt this Period 181.82

**B.** Full Name (Last, First, Middle Initial)  
Dr Desiree Tyler Hopping  
Mailing Address 1801 Creekside Dr  
City Friendswood State TX Zip Code 77546-7821  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 545.46  
Date of Receipt 03 / 19 / 2010  
Transaction ID: 31496602  
Amount of Each Receipt this Period 181.82

**C.** Full Name (Last, First, Middle Initial)  
Dr Lynn A Davis  
Mailing Address 1424 Tiffany Lane Se  
City Rio Rancho State NM Zip Code 87124-0976  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02  
Date of Receipt 03 / 19 / 2010  
Transaction ID: 31496604  
Amount of Each Receipt this Period 83.34

**SUBTOTAL** of Receipts This Page (optional) ..... ► 446.98  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 52 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Pamela L Shepard

Mailing Address 960 E Paces Ferry Rd Apt 233

City Atlanta State GA Zip Code 30326-2847

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 19 / 2010  
Transaction ID: 31496605  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Mitchell Todd Munson

Mailing Address 9940 S Ashleigh Way

City Highlands Ranch State CO Zip Code 80126-4244

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 512.39

Date of Receipt 03 / 19 / 2010  
Transaction ID: 31496606  
Amount of Each Receipt this Period 165.29

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

Mailing Address 9940 S Ashleigh Way

City Highlands Ranch State CO Zip Code 80126-4244

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 256.20

Date of Receipt 03 / 19 / 2010  
Transaction ID: 31496607  
Amount of Each Receipt this Period 82.65

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 497.94

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 120

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr Richard Cornett

Mailing Address Ohio Optometric Assn, Inc  
250 E Wilson-Bridge Rd #240

City State Zip Code  
Worthington OH 43085-2350

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

Name of Employer Occupation  
Ohio Optometric Association, Inc. Executive Director

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

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 19 / 2010

Transaction ID: 31496615

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Thomas E Nye

Mailing Address 42 Tabor Lane

City State Zip Code  
Hamilton OH 45013-5118

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 259.08

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 20 / 2010

Transaction ID: 31507192

Amount of Each Receipt this Period

86.36

**C.**

Full Name (Last, First, Middle Initial)  
Dr Michael E Bennett

Mailing Address 4940 Victoria Place

City State Zip Code  
Guthrie OK 73044-8668

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.01

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2010

Transaction ID: 31508579

Amount of Each Receipt this Period

166.67

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

503.03

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 120

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Dr Julie Metzger Aubuchon

Mailing Address 72 Belmont Ct

City State Zip Code  
Florence KY 41042-8986

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 456.25

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 1 0

Transaction ID: 31508603

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Kathleen E Goff

Mailing Address 114 Crested Peak

City State Zip Code  
Santa Teresa NM 88008-9423

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 259.08

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31509420

Amount of Each Receipt this Period

86.36

**C.**

Full Name (Last, First, Middle Initial)

Dr Larry D Gunnell

Mailing Address #7 Brenna Dr

City State Zip Code  
Wichita Falls TX 76302-2506

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 249.99

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31509421

Amount of Each Receipt this Period

83.33

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

534.69

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

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

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

FOR LINE NUMBER: PAGE 55 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Christy Lynn Warford  
Mailing Address 3601 Lareforma  
City Baytown State TX Zip Code 77521-9175  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02  
Date of Receipt 03 / 23 / 2010  
Transaction ID: 31509422  
Amount of Each Receipt this Period 83.34

**B.** Full Name (Last, First, Middle Initial)  
Dr Mario A Caballero  
Mailing Address 1080 Loma De Alma  
City El Paso State TX Zip Code 79934  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 272.73  
Date of Receipt 03 / 23 / 2010  
Transaction ID: 31509425  
Amount of Each Receipt this Period 90.91

**C.** Full Name (Last, First, Middle Initial)  
Dr David T Gubman  
Mailing Address 9 Cobblestone Rd  
City Cherry Hill State NJ Zip Code 08003-1420  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 03 / 23 / 2010  
Transaction ID: 31509430  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **674.25**  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 120  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Theodore E Bogart

Mailing Address 707 N Chestnut

City State Zip Code  
Shelbyville IL 62565-1157

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 18 / 2010

**Transaction ID:** 31509458

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Liann Kimball

Mailing Address 290 Jacob Rd

City State Zip Code  
Southbury CT 06488-2719

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 18 / 2010

**Transaction ID:** 31509468

Amount of Each Receipt this Period  
365.00

**C.**

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

Mailing Address Rd 2  
Box 245

City State Zip Code  
Ford City PA 16226-9802

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 18 / 2010

**Transaction ID:** 31509471

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **865.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 120  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Richard A Frio

Mailing Address 7646 Windsor Dr No

City State Zip Code  
North Syracuse NY 13212-1017

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2010

**Transaction ID:** 31509476

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Richard A Frio

Mailing Address 7646 Windsor Dr No

City State Zip Code  
North Syracuse NY 13212-1017

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2010

**Transaction ID:** 31509477

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Robert Whitney Wyman

Mailing Address 451 Swanzey Lake Road

City State Zip Code  
W Swanzey NH 03469

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2010

**Transaction ID:** 31509479

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **550.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 120  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Robert F Collins

Mailing Address 15D Dapplegray Road

City State Zip Code  
Bell Canyon CA 91307-1010

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2010

Transaction ID: 31509483

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Michael W Raies

Mailing Address 2915 Noddin Way

City State Zip Code  
Portsmouth OH 45662-2412

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2010

Transaction ID: 31509484

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr J. D Miller, Jr

Mailing Address P O Box 1293

City State Zip Code  
Eunice LA 70535-1293

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2010

Transaction ID: 31509497

Amount of Each Receipt this Period  
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 59 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Brian J Blount

Mailing Address 5830 N Circuit

City State Zip Code  
Beaumont TX 77706-4428

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 545.46

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2010

**Transaction ID:** 31509897

Amount of Each Receipt this Period  
181.82

**B.** Full Name (Last, First, Middle Initial)  
Dr Gerald G Gerdes, Jr

Mailing Address 414 E 7Th Ave

City State Zip Code  
Oakdale LA 71463-2624

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2010

**Transaction ID:** 31509898

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Pamela A Lowe

Mailing Address 6835 Concord Lane

City State Zip Code  
Niles IL 60714-4431

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2010

**Transaction ID:** 31509901

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **531.82**

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

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

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

FOR LINE NUMBER: PAGE 60 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 3700 Essex Road

City State Zip Code  
Cheyenne WY 82001-1641

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2010

**Transaction ID:** 31509902

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Ted A Mc Elroy

Mailing Address 2812 Ridge Avenue North

City State Zip Code  
Tifton GA 31794-1327

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2010

**Transaction ID:** 31509903

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Dennis M Brtva

Mailing Address 57 Pebblebrook Ct

City State Zip Code  
Bloomington IL 61705-6300

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2010

**Transaction ID:** 31509907

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 285.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 120  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Robert M Theaker

Mailing Address 12 Wyndemere Vale

City State Zip Code  
Monterey CA 93940-5811

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31511252

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Michelle L Spittler

Mailing Address 4125 Shorebrook Dr

City State Zip Code  
Columbia SC 29206-2127

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 31511283

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Timothy J Wilson

Mailing Address 1059 Woodbrook Lane

City State Zip Code  
Forest VA 24551-3884

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 31511284

Amount of Each Receipt this Period  
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Benjamin P Clark		Date of Receipt
	Mailing Address 53 Ellington Lane		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Pawleys Island	SC	29585-7624
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> 31511286
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Hal C Herring, Jr		Date of Receipt
	Mailing Address 1523 Alexander Street		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Fairmont	NC	28340
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> 31511287
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr David W Wineland		Date of Receipt
	Mailing Address 8400 Concord Road		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Johnstown	OH	43031-8154
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<b>Transaction ID:</b> 31511296
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 63 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Thomas Edward Griffith

Mailing Address 394 Evans Creek Rd

City State Zip Code  
Fraziers Bottom WV 25082

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 31511297

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Morgan R Leach

Mailing Address 313 Fox Drive

City State Zip Code  
Great Falls MT 59404-3835

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2010

**Transaction ID:** 31518019

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Mindy E Leach

Mailing Address 313 Fox Drive

City State Zip Code  
Great Falls MT 59404-3835

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2010

**Transaction ID:** 31518023

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 120

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Dr Cameron Eugene Herrin

Mailing Address 1022 Timber Lake Drive

City State Zip Code  
Purcell OK 73080-1756

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2010

Transaction ID: 31518026

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Marcus D Yeager

Mailing Address 300 Tupawek Drive

City State Zip Code  
West Monroe LA 71291-7019

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 26 / 2010

Transaction ID: 31518184

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Richard L. Talkington

Mailing Address 461 Pleasant St  
P.O. Box 521

City State Zip Code  
Franklin NH 03235-1885

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 26 / 2010

Transaction ID: 31518187

Amount of Each Receipt this Period

100.00

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

850.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 120  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Deborah A Long

Mailing Address 1115 John Short Rd

City State Zip Code  
Fort Mill SC 29707-7633

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2010

**Transaction ID:** 31521920

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Dr James A Boucher

Mailing Address 1050 Granito Drive  
P O Box 927

City State Zip Code  
Laramie WY 82072-5025

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2010

**Transaction ID:** 31524656

Amount of Each Receipt this Period  
365.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Kathy Lynn Shamblin

Mailing Address 3682 Annell Dr

City State Zip Code  
Murfreesboro TN 37127

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2010

**Transaction ID:** 31524657

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 980.00

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

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

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

FOR LINE NUMBER: PAGE 66 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr William Ken Mc Carty

Mailing Address 3510 Edgewood

City Amarillo State TX Zip Code 79109-4036

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2010

**Transaction ID:** 31524661

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Bethany Hilterm Brady

Mailing Address 7463 Garfield Avenue

City Harborcreek State PA Zip Code 16421-1404

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2010

**Transaction ID:** 31524663

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Edwin C Winbigler

Mailing Address 105 Britannia Ct

City Shelby State OH Zip Code 44875-1881

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2010

**Transaction ID:** 31524673

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 120  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Roger L Jordan

Mailing Address 3329 Paintbrush

City State Zip Code  
Gillette WY 82718-7616

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0

Transaction ID: 31524677

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Joseph C Maycock

Mailing Address Po Box 311

City State Zip Code  
Gillette WY 82717-0311

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0

Transaction ID: 31524678

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Steven J St. Marie

Mailing Address 17 Westview Drive

City State Zip Code  
Saint Albans VT 05478-8021

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0

Transaction ID: 31524679

Amount of Each Receipt this Period

250.00

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. David J Di Marco

Mailing Address 50 Bank Street Apt. 2

City State Zip Code  
Saint Albans VT 05478-1957

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2010

**Transaction ID:** 31524680

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Donald J Vanderfeltz

Mailing Address Route 2 Box 2298

City State Zip Code  
California MO 65018-9802

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2010

**Transaction ID:** 31524687

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr David Arlington Johnson

Mailing Address 507 Rosedown Trace N

City State Zip Code  
Peachtree City GA 30269-3718

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2010

**Transaction ID:** 31524689

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 120  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr William D Sullins, III

Mailing Address 154 County Road 575

City Englewood State TN Zip Code 37329-5129

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 24 / 2010  
**Transaction ID: 31524704**  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Bradley G Meier

Mailing Address 45550 166Th St

City Watertown State SD Zip Code 57201-7313

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 24 / 2010  
**Transaction ID: 31524705**  
Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr William P Beeaker

Mailing Address 461 Upper St

City Turner State ME Zip Code 04282-3805

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 24 / 2010  
**Transaction ID: 31524707**  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

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

FOR LINE NUMBER: PAGE 70 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Thomas Howard Berenson

Mailing Address 13290 E 130 St, So

City State Zip Code  
Broken Arrow OK 74011

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2010

**Transaction ID:** 31524877

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Lynn Smith Hammonds

Mailing Address 2725 Smyer Road

City State Zip Code  
Birmingham AL 35216-1026

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2010

**Transaction ID:** 31524883

Amount of Each Receipt this Period  
250.00

**C.** Full 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. **C**

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2010

**Transaction ID:** 31524889

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 120  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Ms Charlotte Nekota

Mailing Address 220 S King St  
Ste 801

City Honolulu State HI Zip Code 96813-4508

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

Name of Employer Hawaii Optometric Assn Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 24 / 2010  
Transaction ID: 31524923  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Roger R Seelye

Mailing Address 5122 Lake Drive

City Owosso State MI Zip Code 48867-8711

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 24 / 2010  
Transaction ID: 31524926  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Thomas V Casella, Sr

Mailing Address 5 Bristlecone Way

City Augusta State GA Zip Code 30909-1846

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 24 / 2010  
Transaction ID: 31524927  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 120  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Maryjane Healey

Mailing Address 6710 124Th Place Se

City Snohomish State WA Zip Code 98296-8649

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2010

Transaction ID: 31525363

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Mark Joseph Page

Mailing Address 3102 E Desert Broom Way

City Phoenix State AZ Zip Code 85048-8316

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2010

Transaction ID: 31525365

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr William R Burges

Mailing Address 988 Cr 477

City Castroville State TX Zip Code 78009

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2010

Transaction ID: 31525375

Amount of Each Receipt this Period  
83.34

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **533.34**

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



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

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

FOR LINE NUMBER: PAGE 73 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 170 East 83 Street

City State Zip Code  
New York NY 10028-1920

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.01

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2010

**Transaction ID:** 31525377

Amount of Each Receipt this Period  
166.67

**B.** Full Name (Last, First, Middle Initial)  
Dr Robert J Fleckenstein

Mailing Address 1830 Rebel Ridge

City State Zip Code  
Anchorage AK 99504-2900

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2010

**Transaction ID:** 31525382

Amount of Each Receipt this Period  
85.00

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

Mailing Address 789 N Broad

City State Zip Code  
Galesburg IL 61401-2766

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2010

**Transaction ID:** 31525388

Amount of Each Receipt this Period  
175.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **426.67**

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

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

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

FOR LINE NUMBER: PAGE 74 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address P O Box 18075

City State Zip Code  
Sugar Land TX 77496-8075

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 272.73

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2010

**Transaction ID:** 31525391

Amount of Each Receipt this Period  
90.91

**B.** Full Name (Last, First, Middle Initial)  
Dr Ron Benner

Mailing Address 1408 E Maryland

City State Zip Code  
Laurel MT 59044-2238

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.01

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2010

**Transaction ID:** 31525393

Amount of Each Receipt this Period  
166.67

**C.** Full Name (Last, First, Middle Initial)  
Dr Troy D Raber

Mailing Address 195 Masters Ln

City State Zip Code  
Magnolia DE 19962-1186

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 31527649

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **757.58**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 120  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Dr Richard N Randolph

Mailing Address 1806 Nash St N

City State Zip Code  
Wilson NC 27893-1725

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: 31528474

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Flavel Josef Heyman, III

Mailing Address 20 Bayles Court

City State Zip Code  
Paxton IL 60957-1868

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0

Transaction ID: 31528628

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Dr William James Hasquet

Mailing Address 2503 Gold Rush Avenue

City State Zip Code  
Helena MT 59601-5668

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0

Transaction ID: 31528704

Amount of Each Receipt this Period

365.00

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

1230.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 120  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr William H Simons

Mailing Address 66 Cloverview Lane

City State Zip Code  
Helena MT 59601-0251

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31528705

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Marcus H Kelley

Mailing Address 1127 Wilder

City State Zip Code  
Helena MT 59601-2115

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31528706

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Andrea A Neff

Mailing Address 13227 Pontchartrain Ave

City State Zip Code  
Charlotte NC 28273-6911

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31528712

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **980.00**

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

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

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

FOR LINE NUMBER: PAGE 77 / 120

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Gordon A Price

Mailing Address 48 Mann Lot Road

City State Zip Code  
Scituate MA 02066-1808

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 25 / 2010

Transaction ID: 31528713

Amount of Each Receipt this Period

250.00

**B.**

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

Mailing Address 620 W. Cr. 100 N

City State Zip Code  
Flora IN 46929

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 840.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 25 / 2010

Transaction ID: 31532944

Amount of Each Receipt this Period

840.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Burton G Pinchuk

Mailing Address 1266 Brook Crossing Ct

City State Zip Code  
Naperville IL 60564

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 25 / 2010

Transaction ID: 31532946

Amount of Each Receipt this Period

250.00

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

1340.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Christopher Barry

Mailing Address 910 N 32Nd Street

City Renton State WA Zip Code 98056-2131

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 25 / 2010  
Transaction ID: 31532947  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Steven L Compton

Mailing Address 403 N College St

City Franklin State KY Zip Code 42134-1829

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2010  
Transaction ID: 31532955  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Nelson C Klaus, Jr

Mailing Address 833 Shinn Point Road

City Wilmington State NC Zip Code 28409-2113

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 25 / 2010  
Transaction ID: 31532956  
Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1865.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Richard Dean Gurley

Mailing Address 800 South Promised Land Road

City State Zip Code  
Blytheville AR 72315-7746

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31532958

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr G. Barnard Wilson

Mailing Address 3604 Atwood Pl

City State Zip Code  
Modesto CA 95355-1304

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31532959

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Sara E. Jones

Mailing Address 11990 Market St #1304

City State Zip Code  
Reston VA 20190-6013

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31532960

Amount of Each Receipt this Period  
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 80 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Jeffery J Schletzbaum

Mailing Address 323 E 36Th St

City State Zip Code  
Hutchinson KS 67502-3023

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31532962

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Matthew J De Luca

Mailing Address 2607 Barnes Dr

City State Zip Code  
Moon Twp PA 15108-9002

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31532965

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr R. Brian Wallace

Mailing Address 1300 Jackson Ave

City State Zip Code  
Florence SC 29501-4521

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31532967

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 120  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Steven E Eriksen

Mailing Address 4518 164Th Court Ne

City State Zip Code  
Redmond WA 98052-5454

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2010

Transaction ID: 31532972

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Gregory B Ferman

Mailing Address 217 N Sheldon Road

City State Zip Code  
Plymouth MI 48170-1524

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2010

Transaction ID: 31532973

Amount of Each Receipt this Period  
365.00

**C.**

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. **C**

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2010

Transaction ID: 31532974

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 82 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Lars A Gentry

Mailing Address 101 Greenbriar Dr

City State Zip Code  
Carmi IL 62821-1510

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31532979

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Horace E Deal

Mailing Address 6 Lester Rd

City State Zip Code  
Statesboro GA 30458-4786

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31532985

Amount of Each Receipt this Period  
365.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Michael Briggs Bauman

Mailing Address 139 Acorn Lane

City State Zip Code  
Danville VA 24541-6201

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31532986

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **865.00**

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

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

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

FOR LINE NUMBER: PAGE 83 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Marc A Hudson

Mailing Address 460 Silver Oaks Dr

City State Zip Code  
Harrisonburg VA 22801-3579

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31532991

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Jennifer R Lippens

Mailing Address 107 Emili Lane

City State Zip Code  
Greenwood SC 29646-7929

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31532995

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Dr David B Gaudreau

Mailing Address 71 R I Line Road

City State Zip Code  
Putnam CT 06260

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31532997

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 120  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Mark S Rakoczy

Mailing Address 304 Hickory Dr

City State Zip Code  
Everett PA 15537-9616

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31533002

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Scott R Ream

Mailing Address 209 Wildwood Terrace

City State Zip Code  
West Plains MO 65775-2547

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31533003

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Rodolfo L Rodriguez

Mailing Address 404 Main Street

City State Zip Code  
Ridgefield Park NJ 07660-1128

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID:** 31533005

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 85 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Brian C Beattie

Mailing Address 3218 Crocus Ave

City Bismarck State ND Zip Code 58501-3274

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2010  
Transaction ID: 31539986  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Jeffrey Gilbert Hirschl

Mailing Address 7428 Eagle Trace

City Boardman State OH Zip Code 44512-8100

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2010  
Transaction ID: 31539992  
Amount of Each Receipt this Period 250.00

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

Mailing Address 903 Midway Dr

City Auburn State IN Zip Code 46706-1129

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2010  
Transaction ID: 31539993  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 120  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Alva S Pack, III

Mailing Address 111 Spring Lake Drive

City State Zip Code  
Spartanburg SC 29302-3686

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

**Transaction ID:** 31541556

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Kristine M. Eng

Mailing Address 25 Bear Ridge Road

City State Zip Code  
Orinda CA 94563-1001

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

**Transaction ID:** 31541557

Amount of Each Receipt this Period  
450.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Wanda C Batson

Mailing Address 8120 Rock Hill Rd

City State Zip Code  
Baker FL 32531-7337

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

**Transaction ID:** 31541562

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1315.00**

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

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

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

FOR LINE NUMBER: PAGE 87 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Barton M Pedersen

Mailing Address 58855 San Marino

City State Zip Code  
Yucca Valley CA 92284-6414

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

**Transaction ID:** 31541571

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2183 Terrimill Ter

City State Zip Code  
Chesterfield MO 63017-7525

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

**Transaction ID:** 31541572

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Peter Charles Dubin

Mailing Address 3397 Charleston Highway

City State Zip Code  
Walterboro SC 29488-6122

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

**Transaction ID:** 31541574

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 120

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Debarah Ann Wallace

Mailing Address 3397 Charleston Highway

City State Zip Code  
Walterboro SC 29488-6122

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2010

Transaction ID: 31541575

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr John E Perkins

Mailing Address 3234 St Croix Street

City State Zip Code  
Eugene OR 97408-7355

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2010

Transaction ID: 31541577

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Dennis W Rabe

Mailing Address 17 Shady Ln

City State Zip Code  
Auburn IL 62615-9460

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2010

Transaction ID: 31541582

Amount of Each Receipt this Period

250.00

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

750.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 120  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Mark Taylor Lopez

Mailing Address 129 Valley Road

City Groton State CT Zip Code 06340-4148

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2010

Transaction ID: 31541584

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Hale M Kell

Mailing Address 7973 Sagebrush Ct

City Boulder State CO Zip Code 80301-5006

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2010

Transaction ID: 31541588

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Kenneth K Morse

Mailing Address 1104 S Missouri Avenue

City Casper State WY Zip Code 82609-2828

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 31 / 2010

Transaction ID: 31541591

Amount of Each Receipt this Period 365.00

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

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

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

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

FOR LINE NUMBER: PAGE 90 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Joseph A Sifferman

Mailing Address 900 Nw Carkeek Park Road

City State Zip Code  
Seattle WA 98177-4755

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

**Transaction ID:** 31541592

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Ronald M Gilbert

Mailing Address 8201 Elmway Drive

City State Zip Code  
Dayton OH 45415-1604

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

**Transaction ID:** 31541601

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr James Edward Bureman

Mailing Address 1422 Cooper Blvd

City State Zip Code  
Springfield MO 65802-2449

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

**Transaction ID:** 31541605

Amount of Each Receipt this Period  
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 91 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Chad J Thompson

Mailing Address 206 South Mill

City State Zip Code  
Beloit KS 67420-3239

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

**Transaction ID:** 31541608

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr S. Glenn Bailey

Mailing Address 6311 Highland Drive

City State Zip Code  
Huntington WV 25705-2355

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

**Transaction ID:** 31541609

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Benjamin D Ingram

Mailing Address 4417 Erskine St

City State Zip Code  
Columbia SC 29206-4449

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

**Transaction ID:** 31541610

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1365.00**

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

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

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

FOR LINE NUMBER: PAGE 92 / 120  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Michael W Schwartz

Mailing Address 5060 Williams Highway

City State Zip Code  
Grants Pass OR 97527-8749

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2010

**Transaction ID:** 31541619

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr James Joseph Barney

Mailing Address P O Box 680

City State Zip Code  
Livingston MT 59047-0680

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2010

**Transaction ID:** 31558398

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Tommy J Ducklo

Mailing Address 6304 Chickering Circle

City State Zip Code  
Nashville TN 37215-5301

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2010

**Transaction ID:** 31558405

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 120  
(check only one)

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

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

**A.**

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

Mailing Address 1513 Pollen Crest Ct

City State Zip Code  
Bakersfield CA 93314-8513

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2010

**Transaction ID:** 31558406

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Sandra M Connell

Mailing Address 32965 Hilary Circle Ne

City State Zip Code  
Cambridge MN 55008-7768

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2010

**Transaction ID:** 31558412

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Della K Simmons

Mailing Address 2302 Milo Ave

City State Zip Code  
Albert Lea MN 56007-3363

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2010

**Transaction ID:** 31558414

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **865.00**

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

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

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

FOR LINE NUMBER: PAGE 94 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 600 South Saint Vrain #5

City State Zip Code  
Estes Park CO 80517-7488

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2010

**Transaction ID:** 31558418

Amount of Each Receipt this Period  
250.00

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

Mailing Address 728 E Country Club Drive

City State Zip Code  
Yuma AZ 85365-3441

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2010

**Transaction ID:** 31558420

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr John Steven Corvese

Mailing Address 34 Chicory Lane

City State Zip Code  
Cranston RI 02921-2713

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2010

**Transaction ID:** 31558424

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 120  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr John Howard Muto

Mailing Address 3146 North 24Th Way

City State Zip Code  
Boise ID 83702-0610

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2010

Transaction ID: 31558425

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Anne F Meccariello

Mailing Address 9415 Onion Patch Drive

City State Zip Code  
Burke VA 22015-4508

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2010

Transaction ID: 31558439

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Michael Caplan

Mailing Address 11469 Bronzedale Drive

City State Zip Code  
Oakton VA 22124-2125

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2010

Transaction ID: 31558440

Amount of Each Receipt this Period

500.00

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

1300.00

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

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

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

FOR LINE NUMBER: PAGE 96 / 120  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Toni W Forrest

Mailing Address 6306 Tall Trees Lane #14

City State Zip Code  
Springfield VA 22152-3934

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2010

**Transaction ID:** 31558441

Amount of Each Receipt this Period  
500.00

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

Mailing Address 4550 Simpson Hwy 28 W

City State Zip Code  
Magee MS 39111-5187

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2010

**Transaction ID:** 31579950

Amount of Each Receipt this Period  
270.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **770.00**

**TOTAL** This Period (last page this line number only) ..... ► **96788.81**



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

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

FOR LINE NUMBER: PAGE 97 / 120  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

A.

Full Name (Last, First, Middle Initial)  
Friends Of Chris Dodd

Mailing Address PO Box 270701

City State Zip Code  
West Hartford CT 06127

FEC ID number of contributing federal political committee. **C** C00347310

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2010

Transaction ID: 31571422

Amount of Each Receipt this Period  
5000.00

Refund

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 98 / 120

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Friends Of Dick Durbin Committee</p> <p>Mailing Address PO Box 1949</p> <p>City Springfield State IL Zip Code 62705</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Sen. Richard J. Durbin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31405710 <b>Date of Disbursement</b> 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Advance Arkansas PAC</p> <p>Mailing Address P Box 344</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Advance Arkansas PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31405717 <b>Date of Disbursement</b> 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Michael Avery Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31405728 <b>Date of Disbursement</b> 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 99 / 120

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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Cantor For Congress</p> <p>Mailing Address P. O. Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Eric I. Cantor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 07</p>	<p><b>Transaction ID:</b> 31405927</p> <p>Date of Disbursement 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S. Capitol Street, S.E.</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Democratic Congressional Campaign Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31418682</p> <p>Date of Disbursement 03 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) National Republican Senatorial Committee</p> <p>Mailing Address 425 2nd Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name National Republican Senatorial Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31418742</p> <p>Date of Disbursement 03 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**35000.00**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dirigo PAC  Mailing Address PO Box 1355  City Alexandria State VA Zip Code 22313-1355  Purpose of Disbursement Committee Contribution Candidate Name Dirigo PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31418787 Date of Disbursement 03 / 08 / 2010  Amount of Each Disbursement this Period 5000.00  Committee Contribution
B.	Full Name (Last, First, Middle Initial) Mike McIntyre For Congress  Mailing Address P.O. Box 1  City Lumberton State NC Zip Code 28359  Purpose of Disbursement Candidate Contribution Candidate Name Rep. Mike McIntyre Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31418824 Date of Disbursement 03 / 08 / 2010  Amount of Each Disbursement this Period 1500.00  Candidate Contribution
C.	Full Name (Last, First, Middle Initial) Arcuri For Congress  Mailing Address P.O. Box 8508  City Utica State NY Zip Code 13505  Purpose of Disbursement Candidate Contribution Candidate Name Rep. Michael A. Arcuri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31425711 Date of Disbursement 03 / 09 / 2010  Amount of Each Disbursement this Period 3000.00  Candidate Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Castle Campaign Fund</p> <p>Mailing Address PO Box 133</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Michael N. Castle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31425712 <b>Date of Disbursement</b> 03 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro</p> <p>Mailing Address 12 Trumbull Street</p> <p>City New Haven State CT Zip Code 06511</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Rosa L. DeLauro</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31425713 <b>Date of Disbursement</b> 03 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Pascrell For Congress</p> <p>Mailing Address P.O. Box 640</p> <p>City Totowa State NJ Zip Code 07511</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. William J. Pascrell, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31425714 <b>Date of Disbursement</b> 03 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Whitfield For Congress Committee	Transaction ID: 31425717 Date of Disbursement
	Mailing Address P.O. Box 391	<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Hopkinsville State KY Zip Code 42241	Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Edward Whitfield	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01	Candidate Contribution
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Thoroughbred PAC	Transaction ID: 31425718 Date of Disbursement
	Mailing Address PO BOX 65116 C/O Arent Fox PLLC	<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20035	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="2000.00"/>
	Candidate Name Thoroughbred PAC	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Committee Contribution
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Senate Conservatives Fund	Transaction ID: 31425719 Date of Disbursement
	Mailing Address 228 S. Washington St. Suite 115	<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="1000.00"/>
	Candidate Name Senate Conservatives Fund	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Committee Contribution
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Pallone For Congress	Transaction ID: 31426557 Date of Disbursement
	Mailing Address PO Box 3176	<input type="text" value="03"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Frank Pallone, Jr.	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Candidate Contribution
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Pallone For Congress	Transaction ID: 31426558 Date of Disbursement
	Mailing Address PO Box 3176	<input type="text" value="03"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution	<input type="text" value="5000.00"/>
	Candidate Name Rep. Frank Pallone, Jr.	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Candidate Contribution
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) GOAL PAC	Transaction ID: 31426559 Date of Disbursement
	Mailing Address PO BOX 30344	<input type="text" value="03"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Bethesda State MD Zip Code 20824	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="2500.00"/>
	Candidate Name GOAL PAC	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Committee Contribution
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Wally Herger For Congress Committee</p> <p>Mailing Address PO Box 1500</p> <p>City Chico State CA Zip Code 95927</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Wally Herger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31426575 <b>Date of Disbursement</b> 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) John Campbell For Congress</p> <p>Mailing Address 4590 Macarthur Boulevard Suite 500</p> <p>City Newport Beach State CA Zip Code 92660</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. John Campbell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31426577 <b>Date of Disbursement</b> 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Gallegly For Congress</p> <p>Mailing Address P.O. Box 940001</p> <p>City Simi Valley State CA Zip Code 93094</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Elton Gallegly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31426579 <b>Date of Disbursement</b> 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3000.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robin Carnahan For Senate  Mailing Address PO Box 50378  City St Louis State MO Zip Code 63105  Purpose of Disbursement Candidate Contribution Candidate Name Robin Carnahan Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31467036 Date of Disbursement 03 / 16 / 2010	Amount of Each Disbursement this Period 5000.00  Candidate Contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) Committee To Re-Elect Ed Towns  Mailing Address 438 Lewis Avenue  City Brooklyn State NY Zip Code 11233  Purpose of Disbursement Candidate Contribution Candidate Name Rep. Edolphus Towns Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31467038 Date of Disbursement 03 / 16 / 2010	Amount of Each Disbursement this Period 1000.00  Candidate Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) BRIDGE PAC  Mailing Address 499 South Capitol St., SW Suite 114  City Washington State DC Zip Code 20003  Purpose of Disbursement Committee Contribution Candidate Name BRIDGE PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31467039 Date of Disbursement 03 / 16 / 2010	Amount of Each Disbursement this Period 5000.00  Committee Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Ralph Hall For Congress Committee</p> <p>Mailing Address Post Office Box 711</p> <p>City Rockwall State TX Zip Code 75087</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Ralph M. Hall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31467619</p> <p>Date of Disbursement 03 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Inglis For Congress Committee Inc.</p> <p>Mailing Address PO Box 210</p> <p>City Travelers Rest State SC Zip Code 29690</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Robert Durden Inglis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: SC District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31490086</p> <p>Date of Disbursement 03 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Blumenthal For Senate</p> <p>Mailing Address 777 Summer Street</p> <p>City Stamford State CT Zip Code 06901</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Richard Blumenthal</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31508922</p> <p>Date of Disbursement 03 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

9500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Dan Maffei</p> <p>Mailing Address PO Box 74</p> <p>City Syracuse State NY Zip Code 13214</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Daniel B. Maffei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 25</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31508938</p> <p>Date of Disbursement 03 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Braley For Congress</p> <p>Mailing Address PO Box 390</p> <p>City Waterloo State IA Zip Code 50704</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Bruce Braley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31508954</p> <p>Date of Disbursement 03 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Loebsack For Congress</p> <p>Mailing Address PO Box 1457</p> <p>City Iowa City State IA Zip Code 52244</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. David Wayne Loebsack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31508956</p> <p>Date of Disbursement 03 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Herron For Congress  Mailing Address 142 West Main Street  City Dresden State TN Zip Code 38225  Purpose of Disbursement Candidate Contribution Candidate Name Mr. Roy Herron Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31508979 Date of Disbursement 03 / 22 / 2010  Amount of Each Disbursement this Period 5000.00  Candidate Contribution	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Friends Of Dennis Ross  Mailing Address PO Box 7310  City Lakeland State FL Zip Code 33807  Purpose of Disbursement Candidate Contribution Candidate Name Mr. Dennis Ross Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31508982 Date of Disbursement 03 / 22 / 2010  Amount of Each Disbursement this Period 2500.00  Candidate Contribution	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Castor For Congress  Mailing Address 301 W. Platt Street #385  City Tampa State FL Zip Code 33606  Purpose of Disbursement Candidate Contribution Candidate Name Rep. Katherine Castor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31516622 Date of Disbursement 03 / 25 / 2010  Amount of Each Disbursement this Period 2000.00  Candidate Contribution	011 Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

9500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Castor For Congress</p> <p>Mailing Address 301 W. Platt Street #385</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Katherine Castor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 11</p>	<p><b>Transaction ID:</b> 31516623</p> <p>Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bob Filner For Congress</p> <p>Mailing Address PO Box 121480</p> <p>City Chula Vista State CA Zip Code 91912</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Bob Filner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 51</p>	<p><b>Transaction ID:</b> 31516690</p> <p>Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Martin Heinrich For Congress, Inc.</p> <p>Mailing Address 2118 Central Avenue Se #71</p> <p>City Albuquerque State NM Zip Code 87106</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Martin Heinrich</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NM District: 01</p>	<p><b>Transaction ID:</b> 31516732</p> <p>Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Whitfield For Congress Committee	Transaction ID: 31516733 Date of Disbursement 03 / 25 / 2010
	Mailing Address P.O. Box 391	Amount of Each Disbursement this Period 1000.00
	City Hopkinsville State KY Zip Code 42241	
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Edward Whitfield Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

B.	Full Name (Last, First, Middle Initial) Friends Of Joe Pitts	Transaction ID: 31516734 Date of Disbursement 03 / 25 / 2010
	Mailing Address PO Box 775	Amount of Each Disbursement this Period 1000.00
	City Unionville State PA Zip Code 19375	
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Joseph R. Pitts Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

C.	Full Name (Last, First, Middle Initial) Friends Of Joe Pitts	Transaction ID: 31516735 Date of Disbursement 03 / 25 / 2010
	Mailing Address PO Box 775	Amount of Each Disbursement this Period 1000.00
	City Unionville State PA Zip Code 19375	
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Joseph R. Pitts Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Langevin For Congress	Transaction ID: 31516736 Date of Disbursement 03 / 25 / 2010
	Mailing Address 181-A Knight St	Amount of Each Disbursement this Period 1000.00
	City Warwick State RI Zip Code 02886	
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. James R. Langevin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

B.	Full Name (Last, First, Middle Initial) Dan Seals For Congress	Transaction ID: 31516738 Date of Disbursement 03 / 25 / 2010
	Mailing Address P.O. Box 584	Amount of Each Disbursement this Period 2500.00
	City Wilmette State IL Zip Code 60091	
	Purpose of Disbursement Candidate Contribution Candidate Name Mr. Daniel Seals Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

C.	Full Name (Last, First, Middle Initial) Friends Of Trey Grayson	Transaction ID: 31516739 Date of Disbursement 03 / 25 / 2010
	Mailing Address PO Box 175726	Amount of Each Disbursement this Period 5000.00
	City Ft Mitchell State KY Zip Code 41017	
	Purpose of Disbursement Candidate Contribution Candidate Name Trey Grayson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

8500.00

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress</p> <p>Mailing Address Post Office Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: ND District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31516749</p> <p>Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) John Carter For Congress</p> <p>Mailing Address 1717 North Ih-35 Suite 304</p> <p>City Round Rock State TX Zip Code 78664</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. John R. Carter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 31</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31527741</p> <p>Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rogers For Congress</p> <p>Mailing Address PO Box 581 Post Office Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Michael J. Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31536329</p> <p>Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4000.00

**TOTAL** This Period (last page this line number only) ..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) John Salazar For Congress</p> <p>Mailing Address PO Box 534</p> <p>City Pueblo State CO Zip Code 81002</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. John T. Salazar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31536359 <b>Date of Disbursement</b> 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Perlmutter For Congress</p> <p>Mailing Address 3440 Youngfield Street #264</p> <p>City Wheat Ridge State CO Zip Code 80033</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Edwin Perlmutter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31536363 <b>Date of Disbursement</b> 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John Thune For US Senate</p> <p>Mailing Address PO Box 3308</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name John Thune</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31536395 <b>Date of Disbursement</b> 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers For Congress	Transaction ID: 31536398 Date of Disbursement 03 / 31 / 2010
	Mailing Address Box 137	Amount of Each Disbursement this Period 1000.00
	City Spokane State WA Zip Code 99210	Candidate Contribution
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Cathy McMorris Rodgers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) MISSION PAC	Transaction ID: 31536513 Date of Disbursement 03 / 31 / 2010
	Mailing Address 1831 Bay St SE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	Committee Contribution
	Purpose of Disbursement Committee Contribution Candidate Name MISSION PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) Ryan For Congress	Transaction ID: 31536532 Date of Disbursement 03 / 31 / 2010
	Mailing Address P. O. Box 1919	Amount of Each Disbursement this Period 1000.00
	City Janesville State WI Zip Code 53547	Candidate Contribution
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Paul D. Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Harry Mitchell For Congress</p> <p>Mailing Address PO Box 23748</p> <p>City Tempe State AZ Zip Code 85285</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Harry Mitchell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31536533 <b>Date of Disbursement</b> 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Boozman For Arkansas</p> <p>Mailing Address 322 North Bloomington Suite A-B</p> <p>City Lowell State AR Zip Code 72745</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. John Boozman</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31536541 <b>Date of Disbursement</b> 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dejoie For Congress</p> <p>Mailing Address 481 Shaker Rd</p> <p>City Concord State NH Zip Code 03301</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. John Dejoie</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31536542 <b>Date of Disbursement</b> 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

8000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Hanabusa 2010 <hr/> Mailing Address P.O. Box 1416 <hr/> City Honolulu State HI Zip Code 96806 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Colleen Hanabusa <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary2010	Transaction ID: 31536720 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2010
	Amount of Each Disbursement this Period 5000.00 <hr/> Candidate Contribution

<b>B.</b> Full Name (Last, First, Middle Initial) Welch For Congress <hr/> Mailing Address PO Box 1682 <hr/> City Burlington State VT Zip Code 05402 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Mr. Peter Welch <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31536721 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2010
	Amount of Each Disbursement this Period 1000.00 <hr/> Candidate Contribution

<b>C.</b> Full Name (Last, First, Middle Initial) Committee To Elect Linda Sanchez <hr/> Mailing Address 601 S Glenoaks Blvd Suite 211 <hr/> City Burbank State CA Zip Code 91502 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Linda Sanchez <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31536723 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2010
	Amount of Each Disbursement this Period 1000.00 <hr/> Candidate Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kurt Schrader For Congress</p> <p>Mailing Address 2236 Southeast 10th Avenue Suite 240</p> <p>City Portland State OR Zip Code 97214</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Kurt Schrader</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OR District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31536725 <b>Date of Disbursement</b> 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Jim Meffert</p> <p>Mailing Address PO Box 390576</p> <p>City Edina State MN Zip Code 55439</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. James Meffert</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31536726 <b>Date of Disbursement</b> 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rodney Alexander For Congress Inc.</p> <p>Mailing Address 319 Nancy'S Road 319 Nancy Road</p> <p>City Quitman State LA Zip Code 71268</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Rodney Alexander</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31536739 <b>Date of Disbursement</b> 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Barbara Boxer

Mailing Address PO Box 411176

City Los Angeles State CA Zip Code 90041

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Sen. Barbara Boxer

Office Sought:  House  
 Senate  
 President

State: CA District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: 31536935

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Wachovia Federal Mailing Address 1650 Tyson Blvd. City McLean State VA Zip Code 22102 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31570665 Date of Disbursement 03 / 06 / 2010	Amount of Each Disbursement this Period 932.38 Bank Fee
B.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 790251 City St. Louis State MO Zip Code 63179 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31572672 Date of Disbursement 03 / 01 / 2010	Amount of Each Disbursement this Period 714.42 Bank Fee
C.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 790251 City St. Louis State MO Zip Code 63179 Purpose of Disbursement Discover Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31572726 Date of Disbursement 03 / 02 / 2010	Amount of Each Disbursement this Period 9.42 Discover Fee

SUBTOTAL of Disbursements This Page (optional) ..... ▶

1656.22

TOTAL This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 790251 City St. Louis State MO Zip Code 63179 Purpose of Disbursement American Express Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31572727 Date of Disbursement 03 / 05 / 2010
	Amount of Each Disbursement this Period 272.71 American Express Fee
<b>B.</b> Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 790251 City St. Louis State MO Zip Code 63179 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31572728 Date of Disbursement 03 / 15 / 2010
	Amount of Each Disbursement this Period 167.69 Bank Fee

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>440.40</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2096.62</b>