FEC FORM 3X	AN	PORT O ID DISBU Other Than A	JRSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING LA		ample:If typing er the lines	, type			
	ric Association I	Political Action Cor						
ADDRESS (number and	street)	505 Prince Street						
Check if differ than previousl reported. (ACC		uite 300 lexandria 					22314	-
2. FEC IDENTIFICAT	ION NUMBER	▼	CITY 🛋		S	STATE	ZIPCC	DDE 🔺
C00024968			3. IS THIS REPORT		NEW N) OR	AI (A	MENDED)	
July 15 Quarterly October Quarterly January 2 Quarterly July 31 M Report(N Year Only	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) Iid-Year on-election	(b) Monthly Report Due On: (c) 12-Day PRE-Elec Report for (d) 30-Day Post -Ele Report for	Election on		12C)	X Sep	12S) in the State	of Special (30S)
 Covering Period I certify that I have exam Type or Print Name of T 		0 1 2 0 t and to the best of Thomas E. Nye, O	my knowledge	through and belief it is	08 true, correct a	3 1 and complete.	2010	
Signature of Treasurer	Electronically	/ Filed by Thoma	as E. Nye, O.D.		D;	ate 09	16	2010
NOTE : Submission of f	alse, erroneous	, or incomplete info	ormation may su	ubject the pers	on signing this	s Report to the	e penalties of 2 U	.S.C 437g.
Office Use Only							FEC FOF (Rev. 12/2)	

A. Form/Schedule : F3XN Transaction ID : Image# 10931268331

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

3 / 74

١	Nrite or Type Committee Name American Optometric Association Political A	Action Committee	
ſ	Report Covering the Period: From:	D D D Y Y Y Y Y 01 2010	To:
_	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 ^{Y Y Y}		395069.19
	(b) Cash on Hand at Begining of Reporting Period	580439.94	
	(c) Total Receipts (from Line 19)	33361.96	671620.17
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	613801.90	1066689.36
7.	Total Disbursements (from Line 31)	169424.81	622312.27
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	444377.09	444377.09
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

FE6AN026

Image# 10931268332

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From:		
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Contributions (other than loans) From: (a) Individuals/Persons Other 		
Than Political Committees (i) Itemized (use Schedule A)	22094.66	430891.37
(ii) Unitemized	10217.45	230167.57
(iii) TOTAL (add Lines 11(a)(i) and (ii) 🅨	32312.11	661058.94
(b) Political Party Committees	0.00	0.00
 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	32312.11	661058.94
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees	1000.00	10000.00
7. Other Federal Receipts (Dividends, Interest, etc.)	49.85	561.23
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	33361.96	671620.17
). Total Federal Receipts (subtract Line 18(c) from Line 19)	33361.96	671620.17

Image# 10931268333

FEC Form 3X (Rev. 02/2003)

(i) Federal Share.....(ii) Non-Federal Share.....

Expenditures.....

II. DISBURSEMENTS

21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

(c) Total Operating Expenditures

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

 5 / 74
dar Year-to-Date
0.00
 0.00
19464.07
 19464.07
 0.00
 491000.00

100000.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

1348.20

10500.00

1348.20

	(add 21(a)(i), (a)(ii) and (b)) 🕨	
22.	Transfers to Affiliated/Other Party	
23.	Committees Contributions to Federal Candidates/Committees and Other Political Committees	
24.	Independent Expenditure	\vdash
	(use Schedule E)	
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	
26.	Loan Repayments Made	
27. 28.	Loans Made Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	
	(b) Political Party Committees	
	(c) Other Political Committees	
	(such as PACs)	
	(d) Total Contribution Refunds	
	(add Lines 28(a), (b), and (c)) 🕨	
29.	Other Disbursements	
30.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) (i) Federal Share	
	(ii) "Levin" Share	
	(b) Federal Election Activity Paid Entirely With Federal Funds	
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	
31.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)	_

0.00
0.00
2424.81
2424.81
0.00
56500.00
100000.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
10500.00

		0.00
		0.00
		0.00
		0.00

169424.81

169424.81

622312.27

622312.27

from Line 31).....

_

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) of Disbursements

6 / 74

	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)	32312.11	661058.94
34.	Total Contribution Refunds (from Line 28(d))	0.00	1348.20
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	32312.11	659710.74
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2424.81	19464.07
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	2424.81	19464.07

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 74 (check only one) X X 11a 11b 11c 12 13 14 15 16 1
	Any information copied from such Reports and a prior commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Po	litical Action Committee	
. Ľ	Full Name (Last, First, Middle Initial) Dr Brian D Cin		Date of Receipt
	Mailing Address 11912 Town Park Circ	cle	M * M / D * D / Y * Y * Y * Y Y
	City	State Zip Code	Transaction ID: 32081348
	Eagle River FEC ID number of contributing federal political committee.	AK 99577-7788	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00]
	Full Name (Last, First, Middle Initial) Dr Kenneth S Lawenda Mailing Address 2554 Lincoln Blvd Bc	u ox 1021	Date of Receipt
	City	State Zip Code	
	Venice	CA 90291-5082	Transaction ID: 32081349 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00]
	Full Name (Last, First, Middle Initial) Dr Susan Jong		Date of Receipt
	Mailing Address 9771 Marydale Road		M M / D D / Y Y Y Y 08 01 2010
	City Spint Francisvilla	State Zip Code	Transaction ID: 32081350
	Saint Francisville FEC ID number of contributing federal political committee.	LA 70775-4646	Amount of Each Receipt this Period 300.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 900.00]
Γ	SUBTOTAL of Receipts This Page (optional) .	·	850.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 74 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any or fo	information copied from such Reports and Sta r commercial purposes, other than using the r	tatements may name and addr	not be sold or used by any personners of any political committee to	on for the purpose of soliciting contributions
	IAME OF COMMITTEE (In Full) American Optometric Association Politi	tical Action C	Committee	
	ull Name (Last, First, Middle Initial) Dr John D Coble			Date of Receipt
N	lailing Address 1501 Sunset Hill			0 8 / D D / Y Y Y Y 0 8 / 0 1 / 2 0 1 0
	Sity	State	Zip Code	Transaction ID: 32081351
_	Rockwall	TX	75087-3216	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		83.35
NS	lame of Employer Self Employed	Occupation Doctor of	Optometry	
R	leceipt For:	1	Year-to-Date V	_
	Other (specify) ▼		666.80]
	ull Name (Last, First, Middle Initial) Fr Kevin Katz			Date of Receipt
N	lailing Address 1205 Pin Oak Drive			M M / D D / Y
	lity	State	Zip Code	Transaction ID: 32088462
_	Dickinson	TX	77539-3320	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		163.64
NS	lame of Employer Self Employed	Occupation Doctor of	Optometry	
R	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼		1309.12]
	ull Name (Last, First, Middle Initial) Or Kathleen E Powell			Date of Receipt
N	Aailing Address 9710 Copper Drive			M M / D D / Y Y Y Y 08 03 2010
	Sity	State	Zip Code	Transaction ID: 32088463
_	Anchorage	AK	99507-1226	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		85.00
NS	lame of Employer Self Employed	Occupation Doctor of	Optometry	
R	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	_
	Other (specify) \bigtriangledown		613.80	
SUF	I BTOTAL of Receipts This Page (optional)	1		331.99
	TAL This Period (last page this line number of			

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S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 74 (check only one)
ľ	TEMIZED RECEIPTS	for each category of the	X 11a $11b$ 11c 12
		Detailed Summary Page	
/ c	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any per and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	angle American Optometric Association Poli	tical Action Committee	
۱.	Full Name (Last, First, Middle Initial) Dr Victoria Ann Blower		Date of Receipt
	Mailing Address 2301 Loussac Dr		0 8 0 3 Y Y Y Y Y 0 0 3 0 3 0 1 0
	City	State Zip Code	Transaction ID: 32088464
	Anchorage	AK 99517-1230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	85.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		
	Other (specify)	255.00	
	Full Name (Last, First, Middle Initial) Dr Paul C Ajamian		Date of Receipt
	Mailing Address 245 Shadowbrook Driv	/e	M M / D D / Y Y Y Y 08 04 2010
	City	State Zip Code	Transaction ID: 32089201
	Roswell	GA 30075-4600	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	750.00	
_	Full Name (Last, First, Middle Initial) Dr Robert J Fleckenstein		Date of Receipt
•	Mailing Address 1830 Rebel Ridge		0 8 0 4 2 0 1 0
	City	State Zip Code	Transaction ID: 32089202
	Anchorage	AK 99504-2900	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	85.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	680.00	
	SUBTOTAL of Receipts This Page (optional)	1	420.00
\vdash	UDIVIAL OF RECEIPTS THIS FAYE (UPLIOIId)		
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC F ITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 74 (check only one) X X 11a 13 14 15 16
Any information copied from such or for commercial purposes, other	Reports and Statements ma than using the name and ad	y not be sold or used by any pers dress of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In F American Optometric Ass	,	Committee	
Full Name (Last, First, Middle Dr Deborah S Bernay	Initial)		Date of Receipt
Mailing Address 1702 Rust	ic Oak Lane		08 04 2010
City	State	Zip Code	Transaction ID: 32089205
Seabrook FEC ID number of contributing federal political committee.	TX C	77586-4556	Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupatio Dector o		
Receipt For: Primary Genera Other (specify) ▼	Aggregate	f Optometry e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Dr Harvey B Richman, FAAO Mailing Address 136 Main			Date of Receipt
-			08 04 2010
City Manasquan	State NJ	Zip Code 08736-3558	Transaction ID: 32089206 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			42.50
Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
Receipt For: Primary Genera Other (specify) ▼		e Year-to-Date V 330.00	
Full Name (Last, First, Middle Dr Casey M Roelfs	Initial)		Date of Receipt
Mailing Address 1254 Nob	le Hills		M M / D D / Y Y Y Y 08 05 2010
City	State	Zip Code	Transaction ID: 32090628
Boone FEC ID number of contributing federal political committee.		50036-7569	Amount of Each Receipt this Period 30.42
Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
Receipt For: Primary Genera Other (specify) ▼	Aggregate	e Year-to-Date ▼ 243.36	
SUBTOTAL of Receipts This Pa			172.92

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 74 (check only one) 11a X 11a 113 14 15 16 17	
A c	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions oscilicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	itical Action	Committee		
∠ A.	Full Name (Last, First, Middle Initial) Dr David L Parker			Date of Receipt	
	Mailing Address 4889 Bobo Place			M M / D D Y	
	City	State	Zip Code	Transaction ID: 32090629	
	Olive Branch	MS	38654-8223	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		41.67	
	Name of Employer Self Employed	Occupation Doctor of	ⁿ f Optometry		
	Receipt For:	Aggregate	Year-to-Date V	1	
	Primary General Other (specify) ▼		333.36]	
— В.	Full Name (Last, First, Middle Initial) Dr Samuel D Pierce	I		Date of Receipt	
	Mailing Address 2679 Vesclub Circle			M M M / D D / Y Y Y Y Y 0 8 0 5 2 0 1 0	
	City	State	Zip Code	Transaction ID: 32090630	
	Vestavia Hills	AL	35216-1356	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Self Employed	Occupation Doctor of	ⁿ f Optometry		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Other (specify)	0 0	1500.00]	
	Full Name (Last, First, Middle Initial) Dr Brian Roy Murray	1		Date of Receipt	
	Mailing Address 3292 Sunnyslope Dr			M M / D D / Y	
	City	State	Zip Code	Transaction ID: 32090632	
	Clarksville	TN	37043-7869	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		60.84	
	Name of Employer Self Employed	Occupation Doctor of	ⁿ f Optometry		
	Receipt For: Primary General Other (appeits)	Aggregate	e Year-to-Date ▼ 365.04	1	
-	Other (specify)				
	SUBTOTAL of Receipts This Page (optional)			602.51	
	TOTAL This Period (last page this line number	only)			

SCHEDULE A (FEC Forn ITEMIZED RECEIPTS	1 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/74 (check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16	
Any information copied from such Repo or for commercial purposes, other than	rts and Statements may not be sold or used by any perso using the name and address of any political committee to	n for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) American Optometric Associa	ion Political Action Committee		
Full Name (Last, First, Middle Initial) Dr George W Hertneky		Date of Receipt	
Mailing Address 16862 County	M M / D D / Y Y Y Y 08 05 2010		
City	State Zip Code	Transaction ID: 32090633	
Brush FEC ID number of contributing federal political committee.	CO 80723-9424	Amount of Each Receipt this Period 57.30	
Name of Employer Self Employed	Occupation Doctor of Optometry	-	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.87		
Full Name (Last, First, Middle Initial) Dr Lori Ann Youngman Mailing Address 4535 Nw Aspe	Dr Lori Ann Youngman		
City	State Zip Code	0 8 0 6 2 0 1 0 Transaction ID: 32103678	
Camas	WA 98607-8302	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	166.67	
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.36		
Full Name (Last, First, Middle Initial) Dr Frederick P Darin		Date of Receipt	
Mailing Address 405 Tirrell Rd		M M / D D / Y Y Y Y 08 06 2010	
City	State Zip Code	Transaction ID: 32103679	
Charlotte FEC ID number of contributing federal political committee.	MI 48813-2131	Amount of Each Receipt this Period	
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
SUBTOTAL of Receipts This Page (o	otional)	273.97	

SCHEDULE A	A (FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 74 (check only one)
Any information copie or for commercial put	ed from such Reports and Sta rposes, other than using the n	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMM American Opto	AITTEE (In Full) Interric Association Polition	cal Action (Committee	
Dr Keith A Schrunk				Date of Receipt
Mailing Address	2063 Rock Branch Road	d		0 8 0 6 Y Y Y Y 0 8 0 6 2 0 1 0
City		State	Zip Code	Transaction ID: 32103680
Anthon		IA	51004-8150	Amount of Each Receipt this Period
FEC ID number o federal political co		C		30.00
Name of Employe Self Employed	r	Occupation	n f Optometry	
Receipt For:			Year-to-Date V	_
Primary Other (spec	General ify) ▼		240.00]
Full Name (Last, I Dr Christopher J C	First, Middle Initial) olburn			Date of Receipt
Mailing Address	30 Winchester Rd	08 06 Y Y Y Y 2010		
City		State	Zip Code	Transaction ID: 32103682
Lakewood		NY	14750-1734	Amount of Each Receipt this Period
FEC ID number o federal political co	f contributing mmittee.	C		125.00
Name of Employe Self Employed	r	Occupation Doctor of	n f Optometry	
Receipt For:		Aggregate	Year-to-Date	
Other (spec	ify) ▼	0 0	500.00]
Full Name (Last, I Dr Jeffrey A Myers	First, Middle Initial)			Date of Receipt
Mailing Address	4089 Marlowa Drive P O Box 116			M M / D D / Y Y Y Y 0 8 0 6 2 0 1 0
City		State	Zip Code	Transaction ID: 32103683
Groveport		ОН	43125-9503	Amount of Each Receipt this Period
FEC ID number o federal political co	ommittee.	C		125.00
Name of Employe Self Employed	r	Occupation Doctor of	n f Optometry	
Receipt For:	Concret	Aggregate	e Year-to-Date 🔻	
Other (spec	ify) ▼	0 0	250.00]
SUBTOTAL of Rec.	eipts This Page (optional)			280.00
	(last page this line number of		•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 74 (check only one) I1a X 11a 11b 11c 12 13 14 15 16 1
/ c	ny information copied from such Reports and for commercial purposes, other than using th	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Po	litical Action Committee	
	Full Name (Last, First, Middle Initial) Dr Robert Craig Janot		Date of Receipt
	Mailing Address 6910 Windmill Lane	0 8 / 0 7 / Y Y Y Y 0 8 0 7 2 0 1 0	
	City	State Zip Code	Transaction ID: 32104349
	Lake Charles	LA 70605-0536	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.67
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	333.36	
	Full Name (Last, First, Middle Initial) Dr Rebecca H Wartman	1	Date of Receipt
	Mailing Address 46 Lambeth Walk	0 8 0 7 Y Y Y Y 0 8 0 7 2 0 1 0	
	City	State Zip Code	Transaction ID: 32104351
	Fairview	NC 28730-7721	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	1600.00	
	Full Name (Last, First, Middle Initial) Dr John L Walters		Date of Receipt
	Mailing Address 47 Mast Hill Road		08 07 2010
	City	State Zip Code	Transaction ID: 32104352
	Saco	ME 04072-9338	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	400.00	
Γ	SUBTOTAL of Receipts This Page (optional).	1	291.67

-		1	FOR LINE NUMBER: PAGE 15 / 74
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
_		Dotalioù Ourinnary Fago	13 14 15 16 17
4	Any information copied from such Reports and or for commercial purposes, other than using th	n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)		
	American Optometric Association Po	litical Action Committee	
م. م.	Full Name (Last, First, Middle Initial) Dr Randolph E Brooks	Date of Receipt	
	Mailing Address 3 Schindler Drive		M M / D D Y
	City	State Zip Code	Transaction ID: 32104353
	Succasunna	NJ 07876-1183	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer	Occupation	1
	Self Employed	Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General	1600.00	
	Other (specify)		
B. –	Full Name (Last, First, Middle Initial) Dr Edwin Y Endo		Date of Receipt
	Mailing Address 98828 Hiliu Pl		M M / D D / Y Y Y Y 08 07 2010
	City	State Zip Code	Transaction ID: 32104354
	Aiea	HI 96701-2785	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		41.66
	Name of Employer	Occupation	1
	Self Employed	Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	291.62	
_	Full Name (Last, First, Middle Initial) Dr Steven Arthur Loomis		Date of Receipt
	Mailing Address 6436 Spotted Fawn R	lun	
	City	State Zip Code	Transaction ID: 32104355
	Littleton	CO 80125-9055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
		Aggregate Year-to-Date ▼	1
	Receipt For:		
	Receipt For: Primary General Other (specify) ▼	1600.00	
Г	Primary General	1600.00	441.66

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 74 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17			
or for commercial purposes, other than usir	and Statements may not be sold or used by any person ng the name and address of any political committee to	n for the purpose of soliciting contributions			
American Optometric Association	Political Action Committee				
Full Name (Last, First, Middle Initial) Dr Lowell C Ware		Date of Receipt			
Mailing Address 131 Moon Road					
City	State Zip Code	Transaction ID: 32104356			
Smiths Grove	KY 42171-9406	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	365.00			
Name of Employer Self Employed	Occupation Doctor of Optometry				
Receipt For:	Aggregate Year-to-Date ▼	1			
Other (specify)	365.00				
Full Name (Last, First, Middle Initial) Dr James H Moser, Jr		Date of Receipt			
Mailing Address 8250 Quail Hollow	Mailing Address 8250 Quail Hollow				
City	State Zip Code	Transaction ID: 32104357			
Texarkana	TX 75503-9652	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		250.00			
Name of Employer Self Employed	Occupation Doctor of Optometry				
Receipt For:	Aggregate Year-to-Date 🔻				
Primary General Other (specify) ▼	1000.00				
Full Name (Last, First, Middle Initial) Dr Jacqueline M Bowen		Date of Receipt			
Mailing Address 3930 W 19Th St L	n	0 8 / D D / Y Y Y Y 0 8 / 0 8 / 2 0 1 0			
City	State Zip Code	Transaction ID: 32104364			
Greeley	CO 80634-3446	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		50.00			
Name of Employer Self Employed	Occupation Doctor of Optometry				
Receipt For:	Aggregate Year-to-Date 🔻				
Primary General Other (specify) ▼	400.00				
SUBTOTAL of Receipts This Page (option	nal)	665.00			
	mber only)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 74 (check only one) X X 11a 11b 11c 13 14
A C	ny information copied from such Reports and s for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Pol	itical Action Committee	
×	Full Name (Last, First, Middle Initial) Dr Robert P Nyre		Date of Receipt
	Mailing Address 2505 10Th Ave Nw		M M / D D / Y Y Y Y 08 08 2010
	City	State Zip Code	Transaction ID: 32104365
	Minot	ND 58703-1754	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	240.00	
	Full Name (Last, First, Middle Initial) Dr Barbara L Horn		Date of Receipt
	Mailing Address 61269 Coralburst Dr		M M / D D / Y
	City	State Zip Code	Transaction ID: 32104374
	Washington	MI 48094-1746	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	159.09
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 1272.72	
_	Full Name (Last, First, Middle Initial) Dr David J Esplin		Date of Receipt
	Mailing Address 34 South 590 East		M M / D D / Y Y Y Y 0 8 09 2010
	City	State Zip Code	Transaction ID: 32104375
	Salem	UT 84653-5519	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 360.00	
Γ		I	244.09

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 18/74
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
	TEMIZED RECEIPTS		Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Poli	itical Action	Committee	
A.	Full Name (Last, First, Middle Initial) Dr David J Shippee	Date of Receipt		
	Mailing Address Box 307			M M / D D / Y
	City	State	Zip Code	Transaction ID: 32104376
	Sherman Oaks	ME	04777	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Name of Employer Self Employed	Occupatio	n f Optometry	
	Receipt For:	1 1	e Year-to-Date V	
	Primary General	, iggi egale		1
	Other (specify)	0 0	333.28	
- 3.	Full Name (Last, First, Middle Initial) Dr Mark J Cook			Date of Receipt
	Mailing Address 5698 Mountain Road			M M / D D / Y Y Y Y 08 09 2010
	City	State	Zip Code	Transaction ID: 32104377
	Brighton	MI	48116-9732	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Self Employed	Occupatio	n f Optometry	
	Receipt For:	1 1	e Year-to-Date V	
	Primary General	Aggregate		1
	Other (specify)	0 0	800.00	
- C.	Full Name (Last, First, Middle Initial) Dr Terri Susanne Watkins	1		Date of Receipt
	Mailing Address 312 Esto Heights			M M / D D / Y Y Y Y 08 09 2010
	City	State	Zip Code	Transaction ID: 32104379
	Russell Springs	KY	42642-7010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
	Receipt For:	1 1	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	333.36]
Γ	SUBTOTAL of Receipts This Page (optional)	I		183.33
┝				
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/74 (check only one) 11a 11b 11c 12 X 11a 14 15 16 11
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may r e name and addre	not be sold or used by any pers ess of any political committee t	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Pol	litical Action C	ommittee	
۷.	Full Name (Last, First, Middle Initial) Dr Robert P Wooldridge			Date of Receipt
	Mailing Address 2840 E Swiss Oaks D	Ir		M M / D D / Y Y Y Y 08 09 2010
	City	State	Zip Code	Transaction ID: 32104381
	Sandy FEC ID number of contributing federal political committee.	UT	84093-6586	Amount of Each Receipt this Period 125.00
	Name of Employer Self Employed	Occupation Doctor of (Ontometry	_
	Receipt For: Primary General Other (specify) ▼	- I - I	/ear-to-Date ▼ 375.00	7
-	Full Name (Last, First, Middle Initial) Dr David M Redman	0 0		Date of Receipt
	Mailing Address 795 Foxhill Circle	M M / D D Y		
	City	State	Zip Code	Transaction ID: 32104382
	Hollister FEC ID number of contributing federal political committee.	CA	95023-9747	Amount of Each Receipt this Period 46.91
	Name of Employer Self Employed	Occupation Doctor of (Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 312.31	
	Full Name (Last, First, Middle Initial) Dr Thomas L Lim			Date of Receipt
	Mailing Address 1136 Thorntree Court			08 / 09 / Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: 32104383
	San Jose FEC ID number of contributing federal political committee.	CA	95120-1740	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor of (Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 277.80	
Γ		1		227.47

SCHEDULE A (FEC Form 3X	Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 74 (check only one)		
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} \hline X & 11a \\ \hline 13 \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline 16 \\ \hline 17 \\ \hline 17 \\ \hline 16 \\ \hline 17 \\ \hline 17 \\ \hline 17 \\ \hline 18 \\ \hline 10 \\ \hline 17 \\ \hline 10 \\ \hline 10 \\ \hline 10 \\ \hline 10 \\ \hline 11 \\ \hline 11 \\ \hline 11 \\ \hline 11 \\ \hline 12 \\ \hline 11 \\ \hline 12 \\ \hline 13 \\ \hline 14 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline 16 \\ \hline 17 \\ \hline 17 \\ \hline 17 \\ \hline 10 \\ \hline 11 \\ 11 \\ \hline 11 \\ \hline 11 \\ \hline 11 \\ \hline 11 \\ 11 \\ \hline 11 \\ 11 \\ \hline 11 \\ 1$		
Any information copied from such Reports and or for commercial purposes, other than using the second	d Statements may not be sold or used by any persor the name and address of any political committee to s	for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) American Optometric Association P	olitical Action Committee			
Full Name (Last, First, Middle Initial) Dr Ronald J Meyer		Date of Receipt		
Mailing Address 37038 60 Rd 496		08 10 2010		
City	State Zip Code	Transaction ID: 32117835		
<u>Champion</u>	MI 49814	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer Self Employed	Occupation Doctor of Optometry			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	400.00			
Full Name (Last, First, Middle Initial) Dr Terry H Berner		Date of Receipt		
Mailing Address 8210 Top Of The W	Mailing Address 8210 Top Of The World Drive			
City	State Zip Code	Transaction ID: 32117836		
Salt Lake City	UT 84121-6060	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	42.00		
Name of Employer Self Employed	Occupation Doctor of Optometry			
Receipt For:	Aggregate Year-to-Date 🔻			
Primary General Other (specify)	336.00			
Full Name (Last, First, Middle Initial) Dr Stacie Layne Virden		Date of Receipt		
Mailing Address 2432 Lake Air Drive		M M / D D / Y		
City	State Zip Code	Transaction ID: 32117838		
Waco	TX 76710-1611	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	84.09		
Name of Employer Self Employed	Occupation Doctor of Optometry			
Receipt For: Primary General	Aggregate Year-to-Date ▼ 672.72			
Other (specify)				
SUBTOTAL of Receipts This Page (optional))	176.09		
TOTAL This Period (last page this line numb	er only)			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 74 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	itical Action	Committee	
∠ A.	Full Name (Last, First, Middle Initial) Dr Paul Philippe Cote			Date of Receipt
	Mailing Address 18 Little Androscoggin	Drive		0 8 / ^D D / <u>Y Y Y Y</u> 2 0 1 0
	City	State	Zip Code	Transaction ID: 32117839
	Auburn	ME	04210-8884	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Self Employed	Occupation Doctor o	ⁿ f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 333.36	
— В.	Full Name (Last, First, Middle Initial) Dr Steve N Nguyen Mailing Address 7417 Primrose Dr			Date of Receipt
				08 10 2010
	City Irving	State TX	Zip Code 75063-5507	Transaction ID: 32117840
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 750.00]
- C.	Full Name (Last, First, Middle Initial) Dr Christopher L Eddy			Date of Receipt
	Mailing Address 6306 Buchanan St			M M / D D / Y Y Y Y 08 10 2010
	City	State	Zip Code	Transaction ID: 32117842
	Fort Collins FEC ID number of contributing	CO	80525-5810	Amount of Each Receipt this Period
	federal political committee.	C		50.00
	Name of Employer Self Employed	1 '	f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 400.00	
Γ	SUBTOTAL of Receipts This Page (optional)			341.67
F	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC F ITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 74 (check only one) 11a X 11a 13 14 15 16 17		
Any information copied from such or for commercial purposes, other	n Reports and Statements ma r than using the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions policit contributions from such committee.		
NAME OF COMMITTEE (In F American Optometric Ass	,	Committee			
Full Name (Last, First, Middle Dr Joe Ernest Ellis	Initial)		Date of Receipt		
Mailing Address 179 Wood	Mailing Address 179 Wood Trace				
City	State	Zip Code	Transaction ID: 32117843		
Benton	KY	42025-9400	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		166.67		
Name of Employer Self Employed	Occupatio Doctor o	on f Optometry			
Receipt For:	I !	e Year-to-Date 🔻			
Other (specify)	a	1333.36]		
Full Name (Last, First, Middle Dr Gregory C Russell	Initial)		Date of Receipt		
Mailing Address 2505 Rive	Mailing Address 2505 Rivermont Circle				
City	State	Zip Code	Transaction ID: 32117844		
Kingsport	TN	37660-2392	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		83.33		
Name of Employer Self Employed	Occupatio Doctor o	on f Optometry			
Receipt For:		e Year-to-Date 🔻			
Primary Gener Other (specify) ▼	a	666.64			
Full Name (Last, First, Middle Dr Gilbert E Pierce	Initial)		Date of Receipt		
Mailing Address 8639 Ole	Mailing Address 8639 Olenbrook Drive				
City	State	Zip Code	Transaction ID: 32117845		
Lewis Center	OH	43035-8702	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		45.00		
Name of Employer Self Employed	Occupation Doctor of	^{on} f Optometry			
Receipt For:		e Year-to-Date 🔻	_		
Other (specify)	a	360.00			
SUBTOTAL of Receipts This Pa	age (optional)		295.00		
TOTAL This Period (last page th		•			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 74 (check only one) X X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using	nd Statements may not be sold or used by any persor the name and address of any political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Association I	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Gregory Willard Hicks		Date of Receipt
Mailing Address 419 Bogart Road E	ast	08 / D D / Y Y Y Y 02010
City	State Zip Code	Transaction ID: 32132390
Sandusky	OH 44870-6404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		170.00
Name of Employer Self Employed	Occupation Doctor of Optometry]
Receipt For:	Aggregate Year-to-Date V	1
Primary General Other (specify) ▼	510.00	
Full Name (Last, First, Middle Initial) Dr Gregory W Kraupa	I	Date of Receipt
Mailing Address 4280 Reiland Lane		M M / D D / Y
City	State Zip Code	Transaction ID: 32132416
Shoreview	MN 55126-3127	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		42.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	_
Other (specify)	294.00	
Full Name (Last, First, Middle Initial) Dr Timothy John Barry	I	Date of Receipt
Mailing Address 221 Woodrich Ln		M M / D D / Y
City	State Zip Code	Transaction ID: 32132419
Lafayette	LA 70507-5207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SURTOTAL of Receipts This Page (aptions	al)	1212.00
	bber only)	

				FOR LINE NUMBER: PAGE 24 / 74
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	(check only one)
I	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
Г				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		- -	
	American Optometric Association Poli	itical Action (Committee	
∠ A.	Full Name (Last, First, Middle Initial) Dr Paul A DeCesare			Date of Receipt
	Mailing Address 6 Conanicut Rd			M M / D D / Y Y Y Y 0 8 0 3 2 0 1 0
	City	State	Zip Code	Transaction ID: 32132459
	Narragansett	RI	02882-2625	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	n	-
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify)		500.00	11
	Other (specify)	0 0		1
- -	Full Name (Last, First, Middle Initial)			Date of Reasint
В.	Dr Richard Andrew Kay Mailing Address 9 Swan Drive			Date of Receipt
				08 03 2010
	City	State	Zip Code	Transaction ID: 32132466
	Nottingham	NH	03290-5646	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer	Occupation	n	
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	260.00]
– c.	Full Name (Last, First, Middle Initial) Dr Kim Ashbrook Baxter			Date of Receipt
	Mailing Address 1211 Custer Court			M M / D D / Y Y Y Y 08 03 2010
	City	State	Zip Code	Transaction ID: 32132472
	North Platte	NE	69101-6313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		400.00]
Γ				710.00
┝	SUBTOTAL of Receipts This Page (optional)		••••••	
	TOTAL This Period (last page this line number	⁻ only)		

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 74 (check only one)
	ITEMIZED RECEIPTS		for each category of the	X 11a $11b$ 11c 12
			Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Polit	tical Action (Committee	
A .	Full Name (Last, First, Middle Initial) Dr Janet Rose Fett			Date of Receipt
	Mailing Address 517 So Ridge Dr			M M / D D / Y
	City	State	Zip Code	Transaction ID: 32132479
	S Sioux City	NE	68776	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		102.00
	Name of Employer Self Employed	Occupation		
		1 1	f Optometry	
	Receipt For:	Aggregate	e Year-to-Date	_
	Other (specify) ▼	0 0	204.00	
В.	Full Name (Last, First, Middle Initial) Dr David M Kincaid	1		Date of Receipt
	Mailing Address 560 200Th Street			M M / D D / Y Y Y Y 08 03 2010
	City	State	Zip Code	Transaction ID: 32132489
	Dakota City	NE	68731-3047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	1 1	Year-to-Date V	-
	Primary General Other (specify) ▼		400.00]
C.	Full Name (Last, First, Middle Initial) Dr Jonathan M Hartley			Date of Receipt
U.	Mailing Address 2402 Heights Avenue			M M D D Y
	City	State	Zip Code	Transaction ID: 32132791
	Cody	WY	82414-9822	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
	SUBTOTAL of Receipts This Page (optional)			752.00
	TOTAL This Period (last page this line number			
		July,	······	

-				i	
S	CHEDULE A (FEC Form 3X)		Use separate s		FOR LINE NUMBER: PAGE 26 / 74 (check only one)
I	FEMIZED RECEIPTS		for each catego		\overline{X} 11a $\overline{11b}$ 11c $\overline{12}$
			Detailed Summ	ary Page	
A O	ny information copied from such Reports and St r for commercial purposes, other than using the	atements ma	y not be sold or use dress of any politic	ed by any person al committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)				
	American Optometric Association Polit	ical Action	Committee		
۹.	Full Name (Last, First, Middle Initial) Dr Michael E Hanen-Smith, M.S.				Date of Receipt
	Mailing Address 241 Norman Ridge Dr				08 05 2010
	City	State	Zip Code		Transaction ID: 32132792
	Bloomington	MN	55437-1709		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self Employed	Occupatio	on If Optometry		
	Receipt For:		e Year-to-Date V		1
	Primary General		1 1 1 1 1	250.00	
	Other (specify)	0 0	0 0 0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Dr Donna B Mc Laughlin				Date of Receipt
5.	Mailing Address 155 Rdige Crest Drive				M M D D Y <thy< th=""> Y <thy< th=""> <thy< th=""></thy<></thy<></thy<>
	City	State	Zip Code		Transaction ID: 32149308
	Mountain Top	PA	18707-1536		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self Employed	Occupatio Doctor o	on f Optometry		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Other (specify) ▼	0 0		250.00	
 c.	Full Name (Last, First, Middle Initial) Dr James B Connelly				Date of Receipt
	Mailing Address 3243 Evergreen Road				0 8 0 9 2 0 1 0
	City	State	Zip Code		Transaction ID: 32149311
	Fargo	ND	58102-1214		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self Employed	Occupatio Doctor o	on f Optometry		
	Receipt For:		e Year-to-Date 🔻		
	Other (specify) ▼	0 0		250.00	
	SUBTOTAL of Receipts This Page (optional)			····· •	750.00
	TOTAL This Period (last page this line number of				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 74 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any or f	v information copied from such Reports and S or commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Polit	tical Action	Committee	
	Full Name (Last, First, Middle Initial) Dr Rose Marie Betz			Date of Receipt
	Mailing Address 7300 N Bluff Drive			08 / D D / Y Y Y Y 09 2010
	City	State	Zip Code	Transaction ID: 32149314
·	Tuscaloosa FEC ID number of contributing federal political committee.	AL	35406-2608	Amount of Each Receipt this Period 100.00
	Name of Employer Self Employed	Occupatio		
	Receipt For:	1 .	f Optometry e Year-to-Date ▼	1
	Other (specify)	0 0	450.00	
	Full Name (Last, First, Middle Initial) Dr Charlotte F Nielsen			Date of Receipt
	Mailing Address 118 Whitehall Court			M M / D D Y Y Y Y </th
	City	State	Zip Code	Transaction ID: 32152111
	Grayslake FEC ID number of contributing federal political committee.	C	60030-3492	Amount of Each Receipt this Period
•	Name of Employer Self Employed	Occupatio Doctor o	ⁿ f Optometry	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 800.00]
	Full Name (Last, First, Middle Initial) Dr Sheryl A Lentfer			Date of Receipt
	Mailing Address 1345 West 9Th Avenue	е		M M / D D / Y Y Y Y 08 12 2010
	City	State	Zip Code	Transaction ID: 32152112
·	Anchorage FEC ID number of contributing federal political committee.	AK C	99501-3236	Amount of Each Receipt this Period 84.00
	Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	-
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 672.00]
รเ	JBTOTAL of Receipts This Page (optional)			284.00
тс	TAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	fe	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 74 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not e name and address	be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Poli			
∠ ۹.	Full Name (Last, First, Middle Initial) Dr Tommy J Ducklo			Date of Receipt
	Mailing Address 6304 Chickering Circle	9		08 10 Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: 32153337
	Nashville	TN	37215-5301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of Op	tometry	
	Receipt For:	Aggregate Yea	ar-to-Date V	
	Other (specify)		500.00]
	Full Name (Last, First, Middle Initial) Dr Dorothy L Hitchmoth			Date of Receipt
	Mailing Address Po Box 302 106 Davis Hill Road			M M / D D / Y Y Y Y Y <th< td=""></th<>
	City New London	State NH	Zip Code	Transaction ID: 32153338
	FEC ID number of contributing federal political committee.	С	03257-0302	Amount of Each Receipt this Period 166.00
	Name of Employer Self Employed	Occupation Doctor of Op	tometrv	_
	Receipt For:	Aggregate Yea	•	
	Primary General Other (specify) ▼		1348.00]
. —	Full Name (Last, First, Middle Initial) Dr R. Bryan Boozer			Date of Receipt
	Mailing Address 1602 Wildwood St Sw	1		M M / D D / Y Y Y Y 08 13 2010
	City	State	Zip Code	Transaction ID: 32153401
	Cullman	AL	35055-4555	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			50.00
	Name of Employer Self Employed	Occupation Doctor of Op	otometry	
	Receipt For: Primary General	Aggregate Yea	ar-to-Date 🔻	_
	Other (specify)		400.00	
	SUBTOTAL of Receipts This Page (optional)	1	•	466.00
	TOTAL This Period (last page this line number			

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 29/74
	TEMIZED RECEIPTS	for each category of the	(check only one)
		Detailed Summary Page	
	Any information copied from such Reports and a r for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	American Optometric Association Pol	litical Action Committee	
	Full Name (Last, First, Middle Initial) Dr Michael T Cron		Date of Receipt
	Mailing Address 9217 Elmwood Court		M M / D D / Y
	City	State Zip Code	Transaction ID: 32153403
	Stanwood	MI 49346-9305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.66
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		1
	Other (specify)	333.28	
	Full Name (Last, First, Middle Initial) Dr L. Bruce Mebine		Date of Receipt
	Mailing Address 1728 Delaware St		M M / D D / Y
	City	State Zip Code	Transaction ID: 32153404
	Berkeley	CA 94703-1327	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	500.00]
	Full Name (Last, First, Middle Initial) Dr Jeffrey David Hill		Date of Receipt
	Mailing Address 126 Treymoor Drive		M M / D D / Y Y Y Y Y 0 8 1 3 2 0 1 0 1000000000000000000000000000000000000
	City	State Zip Code	Transaction ID: 32153405
	Alabaster	AL 35007-3150	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		1
	Other (specify)	400.00]
Γ			591.66

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 74 (check only one) 11a X 11a 113 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may the name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Pol			
. Z A.	, Full Name (Last, First, Middle Initial) Dr Sarah C Gordon			Date of Receipt
	Mailing Address 252 Inverness Center	[.] Dr		M M / D D / Y Y Y Y 0 8 1 3 2 0 1 0
	City	State	Zip Code	Transaction ID: 32153406
	Birmingham	AL	35242-4834	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	400.00	
-	Full Name (Last, First, Middle Initial) Dr Grant W Jones			Date of Receipt
	Mailing Address 2117 Grandview Dr			M M / D D / Y
	City	State	Zip Code	Transaction ID: 32153839
	Torrington	WY	82240-2638	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	365.00	
;.	Full Name (Last, First, Middle Initial) Dr Lynda L Jones			Date of Receipt
	Mailing Address 2117 Grandview Dr			M M / D D / Y
	City	State	Zip Code	Transaction ID: 32153840
	Torrington	WY	82240-2638	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	1 1	Optometry	
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	_
	Other (specify)	0 0	365.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1		780.00
	TOTAL This Period (last page this line number		•	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 74 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Pol	litical Action (Committee	
١.	Full Name (Last, First, Middle Initial) Dr Elliott M Rosengarten			Date of Receipt
	Mailing Address 7135 Shefford Lane			M M / D D / Y Y Y Y 08 14 2010
	City	State	Zip Code	Transaction ID: 32154987
	Louisville	KY	40242-2854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	n Optometry	
	Receipt For:		Year-to-Date V	-
	Primary General Other (specify) ▼		750.00]
. –	Full Name (Last, First, Middle Initial) Dr Markus I Barth			Date of Receipt
	Mailing Address 1346 Heller Drive			M M / D D / Y
	City	State	Zip Code	Transaction ID: 32154988
	Yardley	PA	19067-2714	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		66.67
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify)	0 0	533.36]
-	Full Name (Last, First, Middle Initial) Dr Heath B Gilbert			Date of Receipt
	Mailing Address 5277 Split Rail			M M / D D / Y
	City	State	Zip Code	Transaction ID: 32154992
	Dayton	OH	45429-1962	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		91.25
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	273.75]
Γ	SUBTOTAL of Receipts This Page (optional).			407.92
F	TOTAL This Period (last page this line number		•	

SCHEDI	ULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 32 / 74
	ED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME O	F COMMITTEE (In Full)			
America	an Optometric Association Politi	cal Action	Committee	
Full Nam	e (Last, First, Middle Initial) J Plattner			Date of Receipt
Mailing A	ddress 107 Willow Ln			M M / D D / Y Y Y </th
City		State	Zip Code	Transaction ID: 32154993
<u>Knoxvil</u>	le	IL	61448-1057	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		85.00
Name of Self Emp	Employer bloyed	Occupatio	n f Optometry	
Receipt F	For:		e Year-to-Date V	
	mary General	7 iggi oguio		1
Oth	ner (specify) 🔻	0 0	425.00	
	e (Last, First, Middle Initial) Nan Kimball			Date of Receipt
Mailing A	ddress 5919 Sandalwood Drive)		M M / D D / Y Y Y Y 0 8 15 2010
City		State	Zip Code	Transaction ID: 32156430
Billings		MT	59106-9537	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		125.00
Name of	Employer	Occupatio	n	
Self Emp	Dioyea	Doctor of	f Optometry	
Receipt F		Aggregate	e Year-to-Date 🔻	
	mary General ner (specify) ▼	0 0	375.00]
Full Nam	e (Last, First, Middle Initial) - Nehring			Date of Receipt
Mailing A	5			0 8 1 5 2 0 1 0
City		State	Zip Code	Transaction ID: 32156431
Woodb	urn	OR	97071-8768	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		42.00
Name of Self Emp	Employer bloyed	Occupatio Doctor of	n f Optometry	
Receipt F	For:		e Year-to-Date ▼	
	mary General ner (specify) ▼	0 0	336.00]
SUBTOTA	L of Receipts This Page (optional)			252.00
JUBICIA	- or necerpto this raye (uptional)			
TOTAL Th	is Period (last page this line number o	nly))	

ļ	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 74
		. ,		(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	ay not be sold or used by any pe ddress of any political committee	rson for the purpose of soliciting contributions
Γ	NAME OF COMMITTEE (In Full)			
	American Optometric Association Poli	itical Action	Committee	
A.	Full Name (Last, First, Middle Initial) Dr Bruce L Manning			Date of Receipt
	Mailing Address 487 Whitebark Circle			0 8 / D D / Y Y Y Y 2 0 1 0
	City	State	Zip Code	Transaction ID: 32156682
	Wadsworth	OH	44281-2299	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		31.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For:	1 1	te Year-to-Date 🔻	
	Primary General Other (specify) ▼		248.00	
- B.	Full Name (Last, First, Middle Initial) Dr Thomas W Hobbs	I		Date of Receipt
	Mailing Address 13 Ne 550 Rd			M M / D D / Y
	City	State	Zip Code	Transaction ID: 32156683
	Warrensburg	MO	64093-7473	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For:		te Year-to-Date V	
	Primary General Other (specify) ▼		400.00	
- C.	Full Name (Last, First, Middle Initial) Dr Ron W Roelfs			Date of Receipt
	Mailing Address 600 3Rd St Se			0 8 / D D / Y Y Y Y 0 8 16 2010
	City	State	Zip Code	Transaction ID: 32156686
	Waverly	IA	50677-3516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		35.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For:	Aggregat	te Year-to-Date	
	Primary General Other (specify) ▼	0 0	280.00	
ſ	SUBTOTAL of Receipts This Page (optional)	I		116.00
ŀ	TOTAL This Period (last page this line number			
L		• /		

SCHEDULE A (FEC Form 3X)	Use separate schedule for each category of the	
ITEMIZED RECEIPTS	Detailed Summary Pag	
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by an name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	high Aption Or	
American Optometric Association Poli	lical Action Committee	
Full Name (Last, First, Middle Initial) Dr Richard E Dowdell		Date of Receipt
Mailing Address 2965 Heath Road		M · M / D · D / Y · Y · Y · Y Y
City	State Zip Code	Transaction ID: 32156688
Macon	GA 31206-5268	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.42
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date V	
Primary General Other (specify) ▼	243.3	36
Full Name (Last, First, Middle Initial) Dr Freddie M Mayes	1	Date of Receipt
Mailing Address 117 Magnolia Drive		M M / D D / Y Y Y Y 08 17 2010
City	State Zip Code	Transaction ID: 32158959
Central City	KY 42330-1727	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify)	400.0	00
Full Name (Last, First, Middle Initial) Dr Lee Ann Barrett		Date of Receipt
Mailing Address 1199 E Morgan		M M / D D / Y Y Y Y 0 8 17 2010
City	State Zip Code	Transaction ID: 32158960
Boonville	MO 65233-1336	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Missouri Optometric Assoc- iation, Inc.	Occupation Executive Director	
Receipt For:	Aggregate Year-to-Date V	
Other (specify)	400.0	00
SUBTOTAL of Receipts This Page (optional)	1	130.42

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 74 (check only one)		
or f	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.					
	American Optometric Association Poli	itical Action Co	mmittee			
	Full Name (Last, First, Middle Initial) Dr Jennifer L Planitz	Date of Receipt				
	Mailing Address 3537 New Castle Dr S	M M / D D / Y Y Y Y 08 17 2010				
	City	State	Zip Code	Transaction ID: 32158961		
	Rio Rancho	NM	87124-3672	Amount of Each Receipt this Period		
	FEC ID number of contributing iederal political committee.	C		200.00		
	Name of Employer Self Employed	Occupation Doctor of O	ptometry			
	Receipt For:	Aggregate Ye	ar-to-Date 🔻			
	Primary General Other (specify) ▼	0 0 0	1600.00]		
	Full Name (Last, First, Middle Initial) Dr Craig F Clatanoff	Date of Receipt				
	Mailing Address 3537 Newcastle Dr Se	M = M / D = D / Y				
		State	Zip Code	Transaction ID: 32158962		
	Rio Rancho	NM	87124-3672	Amount of Each Receipt this Period		
	FEC ID number of contributing iederal political committee.	C		100.00		
	Name of Employer Self Employed	Occupation Doctor of O	ptometry			
			ar-to-Date 🔻	_		
	Primary General Other (specify) ▼	0 0 0	800.00			
	Full Name (Last, First, Middle Initial) Dr Thomas Annunziato			Date of Receipt		
	Mailing Address 11700 Northview Dr			M M M / D D / Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 32158964		
•		TX	76008-5223	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		112.50		
	Name of Employer Self Employed	Occupation Doctor of O				
	Receipt For: Primary General	Aggregate Ye	ar-to-Date 🔻	_		
	Other (specify)		550.00			
รเ	BTOTAL of Receipts This Page (optional)			412.50		
	TAL This Period (last page this line number		•			

				FOR LINE NUMBER: PAGE 36 / 74			
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 74 (check only one)			
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a $11b$ 11c 12			
			Detailed Summary Fage				
	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r 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						
Α.	Full Name (Last, First, Middle Initial) Dr Jason A Ricks	Date of Receipt					
	Mailing Address 108 Agate Drive	M M / D D / Y					
	City	State	Zip Code	Transaction ID: 32159995			
	Lewistown	MT	59457-3202	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		30.00			
	Name of Employer Self Employed	Occupatio					
	Receipt For:		f Optometry	_			
	Primary General	Aggregate	e Year-to-Date	-			
	Other (specify)	0 0	240.00				
- В.	Full Name (Last, First, Middle Initial) Dr James C Falconer, Jr	Date of Receipt					
2.	Mailing Address 3421 Kachemak Circle	0 8 1 8 2 0 1 0					
	City	State	Zip Code	Transaction ID: 32159997			
	Anchorage	AK	99515-2380	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		84.00			
	Name of Employer Self Employed	Solf Employed '					
	Self Employed Doctor of the self self self self self self self sel		1 2				
				1			
	Other (specify)	0 0	672.00				
- C.	Full Name (Last, First, Middle Initial) Dr Harue Jean Marsden						
	Mailing Address 1445 Prospect Avenue	Date of Receipt					
	City	State	Zip Code	Transaction ID: 32159998			
	<u>Placentia</u>	CA	92870-3816	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		83.34			
	Name of Employer Self Employed	Occupatio Doctor of	n f Optometry				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	416.70]			
ſ	SUBTOTAL of Receipts This Page (optional)			197.34			
ŀ							
	TOTAL This Period (last page this line number only)						

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 74 (check only one) X X 11a 11b 11c 12 13 14 15 16 16
A c	ny information copied from such Reports and for commercial purposes, other than using t	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association P	olitical Action Committee	
. Z	Full Name (Last, First, Middle Initial) Dr Kent Hillery		Date of Receipt
	Mailing Address 16448 Country Club	Drive	M M / D D / Y Y Y Y 08 18 2010
	City	State Zip Code	Transaction ID: 32160001
	Peosta	IA 52068-9710	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	250.00	
	Full Name (Last, First, Middle Initial) Dr Pamela E Theriot		Date of Receipt
	Mailing Address 120 W Vuelta Friso		M M / D D / Y
	City	State Zip Code	Transaction ID: 32167967
	Sahuarita	AZ 85629-8672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	400.00	
	Full Name (Last, First, Middle Initial) Dr Ronald Lee Hopping		Date of Receipt
	Mailing Address 1801 Creekside Dr		M M / D D / Y Y Y Y 08 19 2010
	City	State Zip Code	Transaction ID: 32167969
	Friendswood	TX 77546-7821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	181.82
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1454.56	
	SUBTOTAL of Receipts This Page (optional)		281.82

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 74 (check only one)
Any information copied from or for commercial purposes.	, other than using the name and ad	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	Association Political Action	Committee	
Full Name (Last, First, N Dr Desiree Tyer Hopping	liddle Initial)		Date of Receipt
Mailing Address 1801	Creekside Dr		0 8 / 1 9 / Y Y Y Y 0 8 / 1 9
City	State	Zip Code	Transaction ID: 32167970
Friendswood	ТХ	77546-7821	Amount of Each Receipt this Period
FEC ID number of contri federal political committe			181.82
Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
Receipt For:		e Year-to-Date 🔻	
Other (specify)	General	1454.56	
Full Name (Last, First, M Dr Scott M Burks	liddle Initial)		Date of Receipt
Mailing Address PO	Box 1351		M M / D D / Y
City	State	Zip Code	Transaction ID: 32167971
<u>Buffalo</u>	MO	65622-1351	Amount of Each Receipt this Period
FEC ID number of contri federal political committe			100.00
Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
Receipt For:		e Year-to-Date 🔻	
Other (specify) ▼	General	600.00	
Full Name (Last, First, M Dr Mitchell Todd Munson	liddle Initial)		Date of Receipt
Mailing Address 9940	S Ashleigh Way		M · M / D · D / Y · Y · Y · Y Y 0 8 1 9 2 0 1 0
City	State	Zip Code	Transaction ID: 32167972
Highlands Ranch	CO	80126-4244	Amount of Each Receipt this Period
FEC ID number of contri federal political committe			165.29
Name of Employer Self Employed		f Optometry	
Receipt For:		e Year-to-Date 🔻	
Other (specify)	General	1338.84	
SUBTOTAL of Receipts T	his Page (optional)		447.11
	age this line number only)		

or commercial purposes, other than using t NAME OF COMMITTEE (In Full) American Optometric Association Por Full Name (Last, First, Middle Initial) Dr Susan M Brunnett Mailing Address 9940 S Ashleigh Wa City Highlands Ranch FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee. 17 Date of Receipt 0 19 2010 Transaction ID: 32167973 32.65 Amount of Each Receipt this Period
American Optometric Association Por Full Name (Last, First, Middle Initial) Dr Susan M Brunnett Mailing Address 9940 S Ashleigh Wa City Highlands Ranch FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	y State Zip Code CO 80126-4244 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	M m / D D / Y
Dr Susan M Brunnett Mailing Address 9940 S Ashleigh Wa City <u>Highlands Ranch</u> FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code C 80126-4244 C Occupation Doctor of Optometry Aggregate Year-to-Date	M m / D D / Y
Mailing Address 9940 S Ashleigh Wa City <u>Highlands Ranch</u> FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code C 80126-4244 C Occupation Doctor of Optometry Aggregate Year-to-Date	M m / D D / Y
Highlands Ranch FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	CO 80126-4244 C Occupation Doctor of Optometry Aggregate Year-to-Date	Transaction ID: 32167973 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	
federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date V	82.65
Receipt For: Primary General Other (specify) ▼	Doctor of Optometry Aggregate Year-to-Date ▼	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V	-
Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Dr David S Hays		Date of Receipt
Mailing Address 5421 95Th Ave Ct W	M M / D D / Y	
City	State Zip Code	Transaction ID: 32167975
University Pl	WA 98467-1307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) The second	294.00	
Full Name (Last, First, Middle Initial) Dr Jan L Cooper		Date of Receipt
Mailing Address 101 Chandler West		M M / D D / Y
City	State Zip Code	Transaction ID: 32167977
· · · · · · · · · · · · · · · · · · ·	<u> </u>	Amount of Each Receipt this Period
federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date V	
Other (specify)	1250.00	
IBTOTAL of Receipts This Page (optional)	·	374.65
	Dr David S Hays Mailing Address 5421 95Th Ave Ct W City University PI FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Jan L Cooper Mailing Address 101 Chandler West City Highland FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ IBTOTAL of Receipts This Page (optional)	Dr David S Hays Mailing Address 5421 95Th Ave Ct West City State Zip Code University PI WA 98467-1307 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Primary General Other (specify) ✓ 294.00 Full Name (Last, First, Middle Initial) Dr Jan L Cooper 294.00 Mailing Address 101 Chandler West City State Zip Code Highland CA 92346-5482 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Name of Employer Occupation Doctor of Optometry Doctor of Optometry Receipt For: Aggregate Year-to-Date ✓ Primary General 0ccupation Doctor of Optometry

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 74 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any perso he name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Association Po	Ditical Action Committee	
Full Name (Last, First, Middle Initial) Dr Suraj S Afshar		Date of Receipt
Mailing Address 2 Eagle Lane		M M / D D / Y
City	State Zip Code	Transaction ID: 32167979
Methuen FEC ID number of contributing federal political committee.	MA 01844-3900	Amount of Each Receipt this Period 45.00
Name of Employer Self Employed	Occupation Doctor of Optometry	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	
Full Name (Last, First, Middle Initial) Dr R. Brian Wallace		Date of Receipt
Mailing Address 1300 Jackson Ave		08 / D D / Y Y Y Y 08 18 2010
City	State Zip Code	Transaction ID: 32174048
Florence FEC ID number of contributing federal political committee.	SC 29501-4521	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Doctor of Optometry	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr William D Marks		Date of Receipt
Mailing Address 15638 Indianhead La	ane	M M / D D / Y Y Y Y 08 17 2010
City	State Zip Code	Transaction ID: 32178544
Strongsville FEC ID number of contributing federal political committee.	OH 44136-5334	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 240.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	535.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb		535.

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 74 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Report or for commercial purposes, other than u	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) American Optometric Association	on Political Action Committee					
Full Name (Last, First, Middle Initial) Dr Thomas A Mebane						
Mailing Address 200 Walter Ave		0 8 / D D / Y Y Y Y 0 8 17 2010				
City	State Zip Code	Transaction ID: 32178545				
Roanoke Rapids	NC 27870-1611	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	150.00				
Name of Employer Self Employed	Occupation Doctor of Optometry					
Receipt For:	Aggregate Year-to-Date ▼					
Other (specify) ▼	300.00					
Full Name (Last, First, Middle Initial) Dr Kevin L Alexander	1	Date of Receipt				
Mailing Address 2116 Wildwood	M M / D D Y					
City	State Zip Code	Transaction ID: 32184082				
Fullerton	CA 92831-1339	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer Self Employed	Occupation Doctor of Optometry					
Receipt For:	Aggregate Year-to-Date 🔻					
Other (specify) ▼	400.00					
Full Name (Last, First, Middle Initial) Dr Ian B Gaddie		Date of Receipt				
Mailing Address 5600 Schuler La	ane	M M / D D / Y				
City	State Zip Code	Transaction ID: 32184084				
Prospect	KY 40059-9501	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Self Employed	Occupation Doctor of Optometry					
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	750.00					
SUBTOTAL of Receipts This Page (opt	tional)	450.00				
	number only)					

SCHEDULE A (FE ITEMIZED RECEIP	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 74 (check only one)
Any information copied from s or for commercial purposes, or NAME OF COMMITTEE	other than using the name and ad	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	Association Political Action	Committee	
Full Name (Last, First, Mic Dr Curtis L Dix	ddle Initial)		Date of Receipt
	. Ridgeview		0 8 / 2 0 / Y Y Y Y 2 0 1 0
City	State	Zip Code	Transaction ID: 32184085
Culver	OR	97734-9712	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			125.00
Name of Employer Self Employed	Occupatio Doctor o	ⁿ f Optometry	
Receipt For:		e Year-to-Date V	
Primary G Other (specify) ▼	eneral	375.00	
Full Name (Last, First, Mic Dr Thomas E Nye	ddle Initial)		Date of Receipt
Mailing Address 42 Ta	bor Lane	M M / D D / Y Y Y Y 08 20 20 2010	
City	State	Zip Code	Transaction ID: 32184087
Hamilton	OH	45013-5118	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			86.36
Name of Employer Self Employed	Occupatio Doctor o	ⁿ f Optometry	
Receipt For:		e Year-to-Date 🔻	
Primary G Other (specify) ▼	eneral	690.88	
Full Name (Last, First, Mic Dr Michael E Bennett	ddle Initial)		Date of Receipt
Mailing Address 4940	Victoria Place		M M / D D / Y Y Y Y 08 21 2010
City	State	Zip Code	Transaction ID: 32190009
<u>Guthrie</u>	OK	73044-8668	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			166.67
Name of Employer Self Employed	Occupatio Doctor o	ⁿ f Optometry	
Receipt For:		e Year-to-Date 🔻	
Primary G Other (specify) ▼	eneral	1333.36	
SUBTOTAL of Receipts Th	is Page (optional)		378.03
· · ·	ge this line number only)		

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 74 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any or f	r information copied from such Reports and s or commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Pol		
	Full Name (Last, First, Middle Initial) Dr Marshall P Dorsett		Date of Receipt
	Mailing Address 12938 Ironwood Drive	M M / D D / Y Y Y Y 08 21 2010	
	City	State Zip Code	Transaction ID: 32190011
	Aberdeen	SD 57401-8106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify)	1009.75]
	Full Name (Last, First, Middle Initial) Dr Patrick A Lenane		Date of Receipt
	Mailing Address 2210 Nw Parkridge D	M · M / D · D / Y · Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·	
	City	State Zip Code	Transaction ID: 32190014
	Ankeny	IA 50023-9027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	340.00	
	Full Name (Last, First, Middle Initial) Dr Donald W Furman		Date of Receipt
	Mailing Address 855 11Th St Place		M · M / D · D / Y · Y · Y · Y Y Y · Y · Y Y
	City	State Zip Code	Transaction ID: 32190015
	Garner	IA 50438-1847	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	84.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) Image: Constraint of the second	348.00	
SI	IBTOTAL of Receipts This Page (optional) .		334.00
	TAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 44 / 74	
ITEMIZED RECEIPTS	for each category of the	(check only one)	
	Detailed Summary Page		
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any persor e name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)			
American Optometric Association Pol	itical Action Committee		
Full Name (Last, First, Middle Initial) Dr Erica A Burton	Date of Receipt		
Mailing Address 578 E Hwy T		M M / D D / Y	
City	State Zip Code	Transaction ID: 32190024	
Lamar	MO 64759-8209	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	50.00	
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For:	Aggregate Year-to-Date V	1	
Primary General	400.00		
Other (specify)			
Full Name (Last, First, Middle Initial) Dr Michael D Conklin		Date of Receipt	
Mailing Address 9067 Bordeaux Way		M M / D D / Y	
City	State Zip Code	Transaction ID: 32190033	
Sandy	UT 84093-2216	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	100.00	
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For:	Aggregate Year-to-Date ▼		
Other (specify)	300.00		
Full Name (Last, First, Middle Initial) Dr Kathleen E Goff	1	Date of Receipt	
Mailing Address 114 Crested Peak			
City	State Zip Code	0 8 2 3 2 0 1 0 Transaction ID: 32190049	
Santa Teresa	NM 88008-9423	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	86.36	
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For:	Aggregate Year-to-Date ▼	1	
Primary General Other (specify) ▼	690.88		
Primary General		236.36	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 74 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for	nformation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full)	Statements may	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	merican Optometric Association Poli	itical Action	Committee	
	ull Name (Last, First, Middle Initial) r Larry D Gunnell	Date of Receipt		
	ailing Address #7 Brenna Dr			M M / D D / Y
	ity	State	Zip Code	Transaction ID: 32190050
	Vichita Falls	TX	76302-2506	Amount of Each Receipt this Period
fe	EC ID number of contributing deral political committee.	C		83.33
N: S	ame of Employer elf Employed	Occupation Doctor of	n f Optometry	
R	eceipt For:	1 1	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	666.64]
	ull Name (Last, First, Middle Initial) r Christy Lynn Warford			Date of Receipt
М	ailing Address 3601 Lareforma			M M / D D / Y
_	ity	State	Zip Code	Transaction ID: 32190051
	aytown	TX	77521-9175	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		83.34
S	ame of Employer elf Employed	Occupation Doctor of	ⁿ f Optometry	
R	eceipt For: Primary General	Aggregate	e Year-to-Date 🔻	
-	Primary General Other (specify) Image: Content of the specify of the specify of the specify of the specify of the specific of the speci	0 0	666.72	
	ull Name (Last, First, Middle Initial) r Joseph J. Jordan, Jr	I		Date of Receipt
М	ailing Address 224 Laconia Rd			M M / D D / Y
	ity	State	Zip Code	Transaction ID: 32190054
_		NH	03276-5223	Amount of Each Receipt this Period
fe	EC ID number of contributing deral political committee.	C		166.67
	ame of Employer elf Employed	1 1	f Optometry	
Re T	eceipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
-	Other (specify) T	0.0	1000.02	
SUE	BTOTAL of Receipts This Page (optional)	I		333.34
	AL This Period (last page this line number			

				FOR LINE NUMBER: PAGE 46 / 74
	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	
Г	Any information copied from such Reports and S	Statements ma	v not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the	e name and ad	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	tical Action	Committee	
	American Optometric Association Foli	lical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Barry J Barresi			Date of Receipt
	Mailing Address 659 Spyglass Summit	M M / D D / Y Y Y Y		
	City	State	Zip Code	0 8 2 3 2 0 1 0 Transaction ID: 32190055
	<u>Chesterfield</u>	MO	63017-2142	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer	Occupatio	n	_
	Self Employed		f Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	1200.00]
- B.	Full Name (Last, First, Middle Initial) Dr David J Helfman			Date of Receipt
р.	Mailing Address 7 Pierce Lane			M M D D Y
	City	State	Zip Code	Transaction ID: 32190286
	Hollis	NH	03049-6209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	-
	Receipt For:	1 1	e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	550.00]
- C.	Full Name (Last, First, Middle Initial) Dr Tricia Marie Brenner	<u>I</u>		Date of Receipt
	Mailing Address 9688 E Maplewood Ci	rcle		M M / D D / Y Y Y Y 08 19 2010
	City	State	Zip Code	Transaction ID: 32190288
	Greenwood Village	CO	80111-7016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupatio Doctor o	ⁿ f Optometry	
	Receipt For:	Aggregate	e Year-to-Date V	_
	Primary General Other (specify) ▼	0 0	365.00]
ſ	SUBTOTAL of Receipts This Page (optional)	1		1065.00
┝	OUDITINE OF HEDEIPIS THIS FAGE (Optional)			
	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 74 (check only one)
/ c	ny information copied from such Reports and a r for commercial purposes, other than using the	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Pol	itical Action Committee	
. <u> </u>	Full Name (Last, First, Middle Initial) Dr Brian J Blount		Date of Receipt
	Mailing Address 5830 N Circuit		M + M / D - D / Y Y + Y Y 0 8 2 4 2 0 1 0
	City	State Zip Code TX 77706-4428	Transaction ID: 32194330
	Beaumont FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 181.82
	Name of Employer Self Employed	Occupation Doctor of Optometry	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1454.56	
_	Full Name (Last, First, Middle Initial) Dr Teresa M Seim Mailing Address 7328 Glade Trail		Date of Receipt
			08 24 2010
	City <u>Kalamazoo</u>	State Zip Code MI 49009-5921	Transaction ID: 32194331
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 42.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 336.00]
_	Full Name (Last, First, Middle Initial) Dr Pamela A Lowe		Date of Receipt
	Mailing Address 6835 Concord Lane		08 24 2010
	City	State Zip Code	Transaction ID: 32194332
	Niles FEC ID number of contributing federal political committee.	IL 60714-4431	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V 800.00]
Γ	SUBTOTAL of Receipts This Page (optional) .	·	323.82

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 74 (check only one)
Ai	ny information copied from such Reports and S for commercial purposes, other than using the	on for the purpose of soliciting contributions		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Pol	itical Action	Committee	
<u>لا</u>	Full Name (Last, First, Middle Initial) Dr Dennis M Brtva			Date of Receipt
	Mailing Address 57 Pebblebrook Ct	0 8 / D D / Y Y Y Y 2 4 2 0 1 0		
	City	State	Zip Code	Transaction ID: 32194334
	Bloomington		61705-6300	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:		e Year-to-Date V	1
	Primary General Other (specify) The second seco	0 0	680.00]
. —	Full Name (Last, First, Middle Initial) Dr Steven Thomas Reed			Date of Receipt
	Mailing Address 4550 Simpson Hwy 28	08 / D D / Y Y Y Y 24 2010		
	City	State	Zip Code	Transaction ID: 32194335
	Magee	MS	39111-5187	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer Self Employed	Occupation Doctor o	ⁿ f Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	720.00]
. —	Full Name (Last, First, Middle Initial) Dr Peter V Candela			Date of Receipt
-	Mailing Address P O Box 614			M M / D D / Y Y Y Y 08 24 2010
	City	State	Zip Code	Transaction ID: 32194336
	Blythewood	SC	29016-0614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	583.38]
S	UBTOTAL of Receipts This Page (optional)	1		258.34
	OTAL This Period (last page this line number		•	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 74 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and s or for commercial purposes, other than using the	Statements may not be sold or used by any per- e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	American Optometric Association Pol	Itical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Dori M Carlson	Date of Receipt	
	Mailing Address P O Box 0		M m / D D / Y
	City	State Zip Code	Transaction ID: 32194337
	Park River	ND 58270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Self Employed	Occupation	
	Receipt For:	Aggregate Year-to-Date V	—
	Primary General		
	Other (specify)	1200.00	
- В.	Full Name (Last, First, Middle Initial) Dr Donald Lester Watson		Date of Receipt
υ.	Mailing Address 118 San Marco Drive		
	City	State Zip Code	Transaction ID: 32194978
	Tybee Island	GA 31328-9706	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer Self Employed	Occupation	
	Receipt For:	Doctor of Optometry Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify)	400.00	
– C.	Full Name (Last, First, Middle Initial) Dr Cheslyn Mei Gan		Date of Receipt
	Mailing Address 1370 Peralta Avenue		0 8 2 5 2 0 1 0
	City	State Zip Code	Transaction ID: 32194980
	Berkeley	CA 94702-1128	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	42.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	336.00	
ſ	SUBTOTAL of Receipts This Page (optional) .		▶ 292.00
ľ	TOTAL This Period (last page this line number	only)	•

Any information copied from such Reports and Statements may not be sold or used by any person for the purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr Mamie Cassandra Chan Mailing Address 6109 Rio Hondo NE City State Zip Code Albuquerque NM PEC ID number of contributing C Marrie of Employer Occupation Dottor of Optometry Aggregate Year-to-Date Primary General Other (specify) ▼ State City State State Zip Code Name (Last, First, Middle Initial) Date of Receipt Dictor of Optometry Receipt For: Primary General Other (specify) ▼ State City State Zip Code Aggregate Year-to-Date VA 2293/2160 FEC ID number of contributing federal political committee. Solo Crozet VA 2293/2160 <		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 74 (check only one) 11a X 11a 13 14 15 16 17			
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City State Zip Code Albuquerque NM a7109-3832 FEC ID number of contributing C ideral political committee. C Name of Employer Occupation Barge of Employer Occupation Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Drest of Optometry Aggregate Year-to-Date ▼ State Zip Code VA 2293-3160 FEC ID number of contributing C City State VA 2293-3160 FEC ID number of contributing C City State VA 2293-3160 FEC ID number of contributing C City State Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Mailing Address P Q Box 1473 Transacetton Ib: 32194986 Amount of E	× ۲.	Dr Mamie Cassandra Chan			Date of Receipt			
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Other (specify) ▼ 300.00 Full Name (Last, First, Middle Initial) Dr Richard D Salisbury Dr Richard D Salisbury Date of Receipt Mailing Address P O Box 1473 11477 Main Street Date of Receipt City State Zip Code Martin KY 41649-1473 FEC ID number of contributing federal political committee. C Transaction ID: 32194986 Name of Employer Self Employed Occupation Doctor of Optometry 333.34 Receipt For: Aggregate Year-to-Date ▼ 666.68 Other (specify) ▼ 666.68 423.34			1 · · · · · · · · · · · · · · · · · · ·					
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Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 666.68		federal political committee.	C		333.34			
Receipt For: Aggregate Year-to-Date Primary General Other (specify) ▼ 666.68		Name of Employer Self Employed						
Other (specify) ▼ 666.68			1 · · · · · · · · · · · · · · · · · · ·		_			
SUBTOTAL of Receipts This Page (optional)				666.68]			
	Γ	SUBTOTAL of Receipts This Page (optional)	I		433.34			
TOTAL This Period (last page this line number only)	F							

SCHEDULE A (FEC Fo ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 74 (check only one) 11a X 11a 13 14 15 16						
Any information copied from such R or for commercial purposes, other th	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Ful American Optometric Asso	^{I)} ciation Political Action Committee							
Full Name (Last, First, Middle Ini Dr William L Harrison	,	Date of Receipt						
Mailing Address 412 E 300 M		0 8 / 2 5 / Y Y Y Y 2 0 1 0						
City	State Zip Code	Transaction ID: 32196608						
Brigham City FEC ID number of contributing federal political committee.	UT 84302-1904	Amount of Each Receipt this Period 500.00						
Name of Employer Self Employed	Occupation	_						
Receipt For:	Doctor of Optometry Aggregate Year-to-Date							
Other (specify)	500.00							
Full Name (Last, First, Middle In Dr Kenny R Blackston	•	Date of Receipt						
Mailing Address Po Box 638		0 8 / 2 6 / Y Y Y Y 2 0 1 0						
City	State Zip Code	Transaction ID: 32196611						
Andalusia FEC ID number of contributing federal political committee.	AL 36420-1212	Amount of Each Receipt this Period 30.42						
Name of Employer Self Employed	Occupation Doctor of Optometry	_						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 243.36							
Full Name (Last, First, Middle In Dr Richard L. Talkington	itial)	Date of Receipt						
Mailing Address 461 Pleasa P.O. Box 52		M M / D D / Y Y Y Y 08 / 26 / 2010						
City	State Zip Code	Transaction ID: 32196612						
Franklin FEC ID number of contributing federal political committee.	NH 03235-1885	Amount of Each Receipt this Period 100.00						
Name of Employer Self Employed	Occupation Doctor of Optometry	_						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00							
SUBTOTAL of Receipts This Page	e (optional)	630.42						
TOTAL This Period (last page this	line number only)							

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 74 (check only one)
or for comme	on copied from such Reports and s rcial purposes, other than using the COMMITTEE (In Full)	son for the purpose of soliciting contributions to solicit contributions from such committee.		
America	n Optometric Association Pol	litical Action	Committee	
	e (Last, First, Middle Initial) M Anastasio			Date of Receipt
	ddress 413 Turnwood Drive			0 8 2 6 2 0 1 0
City		State	Zip Code	Transaction ID: 32198948
<u>Covingto</u>	on	LA	70433-5831	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		500.00
Name of E Self Empl	Employer oyed	Occupation Doctor o	n f Optometry	
Receipt Fo		Aggregate	e Year-to-Date 🔻	
Prim Othe	nary General er (specify) ▼		500.00	
Full Name Dr Maryjar	e (Last, First, Middle Initial) ne Healey			Date of Receipt
Mailing Ac	ddress 6710 124Th Place Se			0 8 / D D / Y Y Y Y 2 0 1 0
City		State	Zip Code	Transaction ID: 32199188
<u>Snohom</u>	ish	WA	98296-8649	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		200.00
Name of E Self Empl	Employer oyed	Occupation Doctor o	n f Optometry	
Receipt Fo		Aggregate	e Year-to-Date 🔻	
Prim Othe	nary General er (specify) ▼		1600.00	
	e (Last, First, Middle Initial) nas Crooks, III			Date of Receipt
Mailing Ac	ddress 1229 Highland Lakes	Trail		0 8 / D D / Y Y Y Y Y 2 0 1 0
City		State	Zip Code	Transaction ID: 32199189
<u>Birming</u>		AL	35242-6886	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		50.00
Name of E Self Empl	oyèd		f Optometry	
Receipt Fo		Aggregate	e Year-to-Date 🔻	_
	er (specify) \bigtriangledown		400.00	
SUBTOTAL	of Receipts This Page (optional) .			750.00
	s Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 74 (check only one)			
Ν	or for commercial purposes, other than using the	ny information copied from such Reports and Statements may not be sold or used by any person r for commercial purposes, other than using the name and address of any political committee to s					
	American Optometric Association Politi	itical Action (Committee				
A.	Full Name (Last, First, Middle Initial) Dr Lynn A Davis			Date of Receipt			
	Mailing Address 1424 Tiffany Lane Se			0 8 / 27 / Y Y Y 2 0 1 0			
	City	State	Zip Code	Transaction ID: 32199190			
	Rio Rancho	NM	87124-0976	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		83.34			
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	666.72				
в.	Full Name (Last, First, Middle Initial) Dr Beth A Kneib			Date of Receipt			
	Mailing Address 602 Nw 163Rd St			0 8 / 2 8 / Y Y Y Y 2 0 1 0			
	City	State	Zip Code	Transaction ID: 32204778			
	Shoreline	WA	98177-3727	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		41.66			
	Name of Employer Self Employed	Occupation Doctor of	ⁿ f Optometry				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	333.28				
- C.	Full Name (Last, First, Middle Initial) Dr Trevor J Cleveland			Date of Receipt			
	Mailing Address 1610 Wilson Court			0 8 / D D / Y Y Y Y 2 8 / 2 0 1 0			
	City	State	Zip Code	Transaction ID: 32204779			
	Eugene	OR	97402-3361	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00			
	Name of Employer Self Employed	Occupation Doctor of	ⁿ f Optometry				
	Receipt For:	Aggregate	e Year-to-Date 🔻	_			
	Primary General Other (specify) ▼	0 0	400.00				
ſ	SUBTOTAL of Receipts This Page (optional)			175.00			
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or commercial purposes, other than using the American Optometric Association P Full Name (Last, First, Middle Initial) Or Larry G Obie Mailing Address 1330 12Th Ave City Havre FEC ID number of contributing ederal political committee. Name of Employer	he name and address of any political committe	X 11a 11b 11c 12 13 14 15 16 1 berson for the purpose of soliciting contributions ee to solicit contributions from such committee. 0 16 1 Date of Receipt 0 0 2 2 0 10 Transaction ID: 32204780 Amount of Each Receipt this Period 50.00
or commercial purposes, other than using the American Optometric Association P Full Name (Last, First, Middle Initial) Or Larry G Obie Mailing Address 1330 12Th Ave City Havre FEC ID number of contributing ederal political committee. Name of Employer	he name and address of any political committee	Date of Receipt 0 8 / 2 8 / 2 0 1 0 Transaction ID: 32204780 Amount of Each Receipt this Period
American Optometric Association P Full Name (Last, First, Middle Initial) Dr Larry G Obie Mailing Address 1330 12Th Ave City Havre EC ID number of contributing ederal political committee. Name of Employer	State Zip Code MT 59501-5401	M M / D D / Y
Full Name (Last, First, Middle Initial) Dr Larry G Obie Mailing Address 1330 12Th Ave Dity Havre FEC ID number of contributing ederal political committee.	State Zip Code MT 59501-5401	M M / D D / Y
Dr Larry G Obie Mailing Address 1330 12Th Ave Dity Havre FEC ID number of contributing ederal political committee.	MT 59501-5401	M M / D D / Y
City Havre FEC ID number of contributing ederal political committee.	MT 59501-5401	08 28 2010 Transaction ID: 32204780 Amount of Each Receipt this Period
Havre FEC ID number of contributing ederal political committee.	MT 59501-5401	Amount of Each Receipt this Period
EC ID number of contributing ederal political committee.		
ederal political committee.	C	50.00
Name of Employer		
Sell Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	400.00	
Full Name (Last, First, Middle Initial) Dr Andrea P Thau		Date of Receipt
Aailing Address 170 East 83 Street		M M / D D / Y Y Y Y 08 28 2010
Dity	State Zip Code	Transaction ID: 32204781
New York	NY 10028-1920	Amount of Each Receipt this Period
EC ID number of contributing ederal political committee.	C	166.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	1333.36	
Full Name (Last, First, Middle Initial) Dr Kenneth Ray Moultrie		Date of Receipt
Aailing Address 1809 Gaslight Way		M M / D D / Y Y Y Y 08 28 2010
Dity	State Zip Code	Transaction ID: 32204782
	AL 35801-1555	Amount of Each Receipt this Period
EC ID number of contributing ederal political committee.	C	50.00
lame of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date V	
Other (specify)	400.00	
BTOTAL of Receipts This Page (optional)		266.67
	Self Employed ² Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Or Andrea P Thau Mailing Address 170 East 83 Street City New York FEC ID number of contributing ederal political committee. Name of Employer Self Employed Receipt For: Primary Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Or Kenneth Ray Moultrie Mailing Address 1809 Gaslight Way City Huntsville FEC ID number of contributing ederal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Or Kenneth Ray Moultrie Mailing Address 1809 Gaslight Way City Huntsville FEC ID number of contributing ederal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ BETOTAL of Receipts This Page (optional)	Self Employed Doctor of Optometry Aggregate Year-to-Date ✓ Primary General Other (specify) ✓ Adjing Address 170 East 83 Street City State Zip Code New York NY 10028-1920 EC ID number of contributing ederal political committee. Occupation Jame of Employer Occupation Beceipt For: Aggregate Year-to-Date ✓ Primary General Occupation Other (specify) ✓ Occupation Doctor of Optometry Aggregate Year-to-Date ✓ Aggregate Year-to-Date ✓ ✓ Primary General Other (specify) ✓ Other (specify) ✓ Aggregate Year-to-Date ✓ Yull Name (Last, First, Middle Initial) Yult State Zip Code Alling Address 1809 Gaslight Way ✓ ✓ ✓ Yult State Zip Code AL 35801-1555 EC ID number of contributing ederal political committee. ✓ ✓ ✓ Mailing Addres

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Any or fo	information copied from such Reports and So r commercial purposes, other than using the	n for the purpose of soliciting contributions	
	IAME OF COMMITTEE (In Full) American Optometric Association Polit	ical Action Committee	
	Full Name (Last, First, Middle Initial) Dr Michele R Haranin		Date of Receipt
Ν	Nailing Address 301 Concord Road		M M / D D / Y
C	City	State Zip Code	Transaction ID: 32204783
<u>]</u>	Dover	DE 19904-9100	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	50.00
N ₂	lame of Employer Self Employed	Occupation Doctor of Optometry	
F	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	400.00	
	Full Name (Last, First, Middle Initial) Dr Kathryn Dingley Gurney		Date of Receipt
N	Nailing Address 1285 Industry Rd		M · M / D · D / Y · Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·
	City	State Zip Code	Transaction ID: 32204785
-	ndustry	ME 04938-4545	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	50.00
N	lame of Employer Self Employed	Occupation Doctor of Optometry	
F	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	400.00	
	Full Name (Last, First, Middle Initial) Dr Charles K Atwell		Date of Receipt
N	Nailing Address 238 Chasse Circle		M · M / D · D Y Y · Y · Y Y Y Y · Y Y
	City	State Zip Code	Transaction ID: 32204786
-	St Charles	IL 60174-1418	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	42.00
-	lame of Employer Self Employed	Occupation Doctor of Optometry	
F	Receipt For: Primary General Other (specify) \blacksquare	Aggregate Year-to-Date ▼ 210.00]
SU	BTOTAL of Receipts This Page (optional)		142.00
	TAL This Period (last page this line number	·	

9	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 56 / 74
	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
1			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Pol	itical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Peter H Kehoe	Date of Receipt		
	Mailing Address 789 N Broad			0 8 / D D / Y Y Y Y 2 8 2 0 1 0
	City	State	Zip Code	Transaction ID: 32204788
	Galesburg	IL	61401-2766	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		175.00
	Name of Employer Self Employed	Occupatio	on f Optometry	
	Receipt For:	- · · · · · · · · · · · · · · · · · · ·	e Year-to-Date V	-1
	Primary General	- age again		1
	Other (specify)	0 0	1400.00	
в.	Full Name (Last, First, Middle Initial) Dr Kevin L Gee			Date of Receipt
	Mailing Address 9119 Highway 6 #200)		M M / D D / Y Y Y Y 0 8 28 2010
	City	State	Zip Code	Transaction ID: 32204790
	Missouri City	TX	77459-4876	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.91
	Name of Employer Self Employed	Occupatio		7
	Receipt For:	1 1	of Optometry	
	Primary General	Aggregate	e Year-to-Date	1
	Other (specify)		727.28	
- C.	Full Name (Last, First, Middle Initial) Dr Carl J Roth, Ill	-		Date of Receipt
	Mailing Address 1048 Alderson Avenue	9		M M / D D / Y Y Y Y 0 8 28 2010
	City	State	Zip Code	Transaction ID: 32204798
	Billings	MT	59102-4216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		47.50
	Name of Employer Self Employed	Occupatio Doctor o	on f Optometry	
	Receipt For:	1.1	e Year-to-Date 🔻	7
	Primary General Other (specify) ▼	0 0	310.00]
ſ	SUBTOTAL of Receipts This Page (optional)	1		313.41
┝			••••••	
	TOTAL This Period (last page this line number	⁻ only)		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee of continuotions from such committee to solicit a committee to solicit a contributions from such committee A. Mamerican Optometric Association Political Action Committee Date of Receipt A. Dr Suse E Lowe Date of Receipt Mailing Address 1704 Skyline Drive City State Zip Code Laramie WY 32070-8932 Franzetton ID: 32204799 Amount of Each Receipt ID: Anount of Each Receipt ID: 1333.36 FEC ID number of contributing federal political committee. Occupation Dotor of Optometry Aggregate Year-to-Date ▼ Angure det Parloyer Dotor of Optometry Aggregate Year-to-Date ▼ Mailing Address 1408 E Maryland Mailing Address 1408 E Maryland City State Zip Code Transaction ID: 32204801 Amunt of Each Receipt ID: Aggregate Year-to-Date ▼ Mailing Address 1408 E Maryland Date of Receipt City State Zip Code Mailing Address 179 Del Oro Lagoon Occupation Date of Receipt	Use separate for each cate	E A (FEC Form 3X) RECEIPTS	s) (ch	DR LINE NUMBER: PAGE 57/74 neck only one)
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initia) Dr. Sue E Lowe Maing Address 1704 Skyline Drive City State Laramie WY Barrier WY Barrier C In umber of contributing tederal political committee C PEC ID number of contributing tederal political committee Occupation Dotor of Optometry Aggregate Year-to-Date ▼ Receipt For: Primary General Other (specify) ▼ State Zip Code Larder MT S9044 2238 FEC ID number of contributing tederal political committee C City State Zip Code Larder MT S9044 2238 FEC ID number of contributing tederal political committee C Perinary General Occupation Dotor of Optometry Aggregate Year-to-Date Transaction ID: 32204801 Amount of Each Receipt III: Perint Maing Add	ements may not be sold or u	copied from such Reports and Statemen	person for	13 14 15 16 the purpose of soliciting contributions
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700.00		Agg		
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TOTAL This Period (last page this line number only)				

SCHEDULE A (FEC Form	1 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 74 (check only one) 711a X 11a 11b 13 14 15 16				
or for commercial purposes, other than	ny information copied from such Reports and Statements may not be sold or used by any person r for commercial purposes, other than using the name and address of any political committee to s					
American Optometric Associa	tion Political Action Committee					
Full Name (Last, First, Middle Initial) Dr Neil W Draisin		Date of Receipt				
Mailing Address 21 Fairway Vil	age Lane					
City	State Zip Code	Transaction ID: 32204803				
Isle Of Palms	SC 29451-2732	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	58.40				
Name of Employer Self Employed	Occupation Doctor of Optometry					
Receipt For:	Aggregate Year-to-Date ▼	7				
Primary General Other (specify) ▼	357.70					
Full Name (Last, First, Middle Initial) Dr Jennifer M Smith		Date of Receipt				
Mailing Address 141 Sea Cotto		M + M / D + D Y Y + Y + Y Y 0 8 2 8 2 0 1 0 2 0 1 0				
City	State Zip Code	Transaction ID: 32204804				
<u>Charleston</u>	SC 29412-8296	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		58.40				
Name of Employer Self Employed	Occupation Doctor of Optometry					
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	175.20					
Full Name (Last, First, Middle Initial) Dr Robert G Goerss		Date of Receipt				
Mailing Address 3120 Brookfor	d Drive	M M / D D Y				
City	State Zip Code	Transaction ID: 32211524				
Saint Charles	MO 63303-6356	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer Self Employed	Occupation Doctor of Optometry					
Receipt For: Primary General	Aggregate Year-to-Date 🔻					
Other (specify) ▼	400.00					
SUBTOTAL of Receipts This Page (o	ptional)	166.80				
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	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 59 / 74
	ITEMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Pol	itical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Sharon R Roberts			Date of Receipt
	Mailing Address 2226 Fairfield Lane			M M / D D / Y
	City	State	Zip Code	Transaction ID: 32223570
	<u>Plymouth</u>	WI	53073-4903	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 325.00]
В.	Full Name (Last, First, Middle Initial) Dr J. Scott Simpson			Date of Receipt
	Mailing Address 2001 Ridgewood			M M / D D / Y Y Y Y 08 30 2010
	City	State	Zip Code	Transaction ID: 32223572
	El Dorado	AR	71730-5288	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00]

SUBTOTAL of Receipts This Page (optional)	►	565.00
TOTAL This Period (last page this line number only)	►	22094.66

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		for e	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 60 / 74 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	y not be dress of	sold or used by any persor any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)				
	American Optometric Association Polit	tical Action	Comm	ittee	
Α.	Full Name (Last, First, Middle Initial) Bank of America				Date of Receipt
	Mailing Address PO Box 790251				M M / D D / Y
	City	State	Zi	o Code	Transaction ID: 32240400
	St. Louis	MO	63	3179	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			31.36
	Name of Employer	Occupatio	n		
	Receipt For:	Aggregate	e Year-to	o-Date 🔻	
	Primary General Other (specify) ▼			204.45	Bank Interest

SUBTOTAL of Receipts This Page (optional)	►	31.36
TOTAL This Period (last page this line number only)	►	31.36

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 74 (check only one) 11a 11a 11b 11c 12 13 14 15 X 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Poli	tical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Bennett Election Committee			Date of Receipt
	Mailing Address P.O. Box 8841			M M / D D / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 32240464
	Falls Church	VA	22041	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0254888	1000.00
	Name of Employer	Occupatio	n	
	Receipt For: 2010 Primary X General Other (specify)	Aggregate	e Year-to-Date V 1000.00	Refund

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s))	FOR (chec		NUMBE one)	R:			PA	GE	62 /	74
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		·	b	22 28a	X	23 28b		24 28c		25 29	
Any Information copied from such Reports and State or for commercial purposes, other than using the nan												6
NAME OF COMMITTEE (In Full)	he and address of any politica	u comi	mittee	to soi	CIT CONT	ibuti	ons tr	rom	such c	omr	nittee	
American Optometric Association Politica	l Action Committee											
Full Name (Last, First, Middle Initial) Graves For Congress					Trans Date				32090 ent	415		
Mailing Address PO Box 701					0 [™] 8	М	^D (04	/ Y	ž	οìα) Y
City Gainesville	StateZip CodeGA30503	-			Amou	int of	f Each	h Di	sburse	-	-	
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Bob Etheridge For Congress Committee					Date	of Di M					V	V
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Full Name (Last, First, Middle Initial) Scott Murphy For Congress						Trar Date				32 ment		850		
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Mailing Address PO Box 6168				^D 8 / Y Y Y Y Y Y Y Y					
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Candidate Name Jack Conway		Category/ Type							
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Full Name (Last, First, Middle Initial) Kurt Schrader For Congress			Transaction ID: Date of Disburse						
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						for the purpose of soliciting contributions					
C	or for commercial pur	poses, other than usir	licit contributions from such committee								
	NAME OF COMM	/ITTEE (In Full)									
	American Opto	American Optometric Association Political Action Committee									
_ ⊭_	•	First, Middle Initial)				Transaction ID: 32185840					
Α.	Dan Coats For	Indiana				Date of Disbursement					
	Mailing Address	PO Box 301141			$ \begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} $ $ \begin{pmatrix} D & D \\ 2 & 0 \end{pmatrix} $ $ \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 1 \end{bmatrix} $						
	City Indianapolis		State IN	Zip Code 46230		Amount of Each Disbursement this Period					
	Purpose of Disbur Candidate Contrib				011	5000.00					
	Candidate Name Mr. Daniel Coa	ts			Category/ Type						
	Office Sought: State: IN	House X Senate President District:	Disbursement For: Primary Other (spe	2010 X General ecify) ▼		Candidate Contribution					
_	Full Name (Last, F	First, Middle Initial)				Transaction ID: 32199222					
В.	Betty Sutton Fo	or Congress			Date of Disbursement						
	Mailing Address	1700 W Market		$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{pmatrix} D & 2 & 7 \\ 2 & 7 \end{pmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \\ \end{pmatrix}$							
	City Akron		State OH	Zip Code 44313		Amount of Each Disbursement this Period					
	Purpose of Disbur Candidate Contrib			011							
	Candidate Name Rep. Betty S. S	Sutton		Category/ Type							
	Office Sought:	X House Senate	Disbursement For: Primary	2010 X General		Candidate Contribution					
	State: OH	President District: 13	Other (spe	ecify) 🔻							

	SUBTOTAL of Disbursements This Page (optional)	•	10000.00
	TOTAL This Period (last page this line number only)	►	56500.00
i	FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)

S	CHEDULE B (FE	C Form 3X)			FOR LINE	NUMBER: PAGE 71/74				
		•		arate schedule(s) category of the	(check only					
			Detailed	Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30				
						for the purpose of soliciting contributions				
or		-	committee to so	licit contributions from such committee						
	NAME OF COMMITTEE American Optometric	· · · ·	Action Co	mmittee						
. —	Full Name (Last, First, Mic	ddle Initial)				Transaction ID: 32090614				
Α.	Clyburn Scholarship F	und		Date of Disbursement						
		South Capitol Street • 412								
	City Washington		State DC	Zip Code 20003		Amount of Each Disbursement this Period				
	Purpose of Disbursement Contribution				012	10000.00				
	Candidate Name				Category/ Type					
	Se	nate esident	ement For: Primary Other (spe	General		Contribution				
	Full Name (Last, First, Mic									
В.	Alice Sterling for State	,		Transaction ID: 32158913 Date of Disbursement						
		7 Canton Cove e 111				$\begin{array}{c} \stackrel{\text{M}}{0} \stackrel{\text{M}}{8} \stackrel{\text{M}}{} \stackrel{\text{I}}{1} \stackrel{\text{D}}{6} \stackrel{\text{I}}{1} \stackrel{\text{D}}{6} \stackrel{\text{I}}{1} \stackrel{\text{Y}}{2} \stackrel{\text{Y}}{0} \stackrel{\text{Y}}{1} \text{Y$				
	City Winter Spring		State FL	Zip Code 32708		Amount of Each Disbursement this Period				
	Purpose of Disbursement Candidate Contribution				011	500.00				
	Candidate Name				Category/ Type					
	Se	use Disburse nate esident	ement For: Primary Other (spe	General		Candidate Contribution				
	State: Distric									

TOTAL This Period (last page this line number only)	►	10500.00
SUBTOTAL of Disbursements This Page (optional)	•	10500.00

FE6AN026

CHEDULE B (FEC Form 3X)						INE NUMBER: PAGE 72 / 74							
EMIZED DISBURSEMENTS	for each	category of the Summary Page		X	eck only 21b 27	/ one) 22 28a	\square	23 28b	П	24 28c	\square	25 29	\square
ny Information copied from such Reports and Staten				any p	person f	or the pu		se of s		ting co		outions	<u>і </u>
for commercial purposes, other than using the name	e and addre	ss of any political	com	mitte	ee to so	licit conti	ributi	ons fr	om s	such c	omn	nittee	
NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee													
American Optometric Association Political	ACTION OC	mmmee											
Full Name (Last, First, Middle Initial) Bank of America								Transaction ID: 32240402 Date of Disbursement					
Mailing Address PO Box 790251							$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{bmatrix} D & D \\ 0 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$						
,	State MO	Zip Code 63179				Amount of Each Disbursement this Period							
Purpose of Disbursement					-						13	54.36	5
Bank Fee 001 Candidate Name Category/ Type													
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Bank	Fee)					
Full Name (Last, First, Middle Initial)							acti	on ID	. ₂	22/10	103		
Bank of America						Transaction ID: 32240403 Date of Disbursement							
Mailing Address PO Box 790251													
CityStateZip CodeSt. LouisMO63179						Amou	int of	f Each	ı Dis	burse	0	t this F	
Purpose of Disbursement Discover Fee		0.01	-							22.84			
Candidate Name		Ca	001 atego Type	ory/									
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General ecify)				Disco	ver	Fee					
Full Name (Last, First, Middle Initial)							Transaction ID: 32240404						
Bank of America								sburs		nt			
Mailing Address PO Box 790251						0 ^M 8	M	^D (0 [₽]	/ Y	ž	οìο) Y
CityStateZip CodeSt. LouisMO63179						Amount of Each Disbursement this Period							
Purpose of Disbursement American Express Fee 00						L.					3	40.62	2
Candidate Name	001 atego Type	ory/											
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼							American Express Fee						
I											474	17 00	2
SUBTOTAL of Disbursements This Page (optional)	<u> </u>					_ <u></u>					17	17.82	

9	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER:	PAGE 73 / 74						
	TEMIZED DISBURSEMENTS	for each category of the	(check only one)	☐ 24						
		Detailed Summary Page	X 21b 22 23 27 28a 28b	24 25 26 28c 29 30b						
	Any Information copied from such Reports and Stat or for commercial purposes, other than using the na									
	NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,								
	American Optometric Association Political Action Committee									
<u> </u>	Full Name (Last, First, Middle Initial)		Transaction ID:	32240405						
Α.	Bank of America		Date of Disbursen							
	Mailing Address PO Box 790251									
	City St. Louis	StateZip CodeMO63179	Amount of Each D	Disbursement this Period						
	Purpose of Disbursement Bank Fee		001	81.37						
	Candidate Name		Category/ Type							
	Office Sought: House Disbut Senate President	rsement For: Primary General Other (specify) ▼	Bank Fee							
_	State: District:									
в.	Full Name (Last, First, Middle Initial) Wachovia Federal	Transaction ID: Date of Disbursen	nent							
	Mailing Address 1650 Tyson Blvd.									
	City McLean	State Zip Code VA 22102	Amount of Each D	Disbursement this Period						
	Purpose of Disbursement Bank Fee	001	625.62							
	Candidate Name	Category/ Type								
	Office Sought: House Disbu	Primary General Other (specify) ▼	Bank Fee							
	State: District:									

	SUBTOTAL of Disbursements This Page (optional)	•	706.99
	TOTAL This Period (last page this line number only)	►	2424.81
I	FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)

Image# 10931268402 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	EVDENIDITUDEO		P
ITEMIZED INDEPENDENT		PAGE 74/74	
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC	CIDENTIFICATION NUMBER
American Optometric Association Politica Committee	I Action	С	C00024968
Check if 24-hour notice	48-hour notice		
Full Name (Last, First, Middle, Initial)	of Payee	Date	
Revolution Media Group, LLC		M M / D	
Mailing Address		Amount	
1090 Vermont Avenue, N.W.			100000.00
Suite 1230			
City	State Zip Code	Transaction ID:	32210601
Washington	DC 20005	Office Sought:	House State: AR
Purpose of Expenditure Media Production/Buy Radio	Category/ Type 004		Senate District: Presidential
Name of Federal Candidate supported	d or Opposed by expenditure:	Check One:	K Support Oppose
Mr. John Boozman		Disbursement For	r: Primary X General
Calendar Year-To-Date Per Election	n 100000.00	Other (s) 2010	pecify) :
		1	

(a) SUBTOTAL of Itemized Independent Expenditures		100000.00						
(b) SUBTOTAL of Uniternized Independent Expenditures								
(c) TOTAL Independent Expenditures	L.	100000.00						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent.								
Thomas E. Nye, O.D. Signature	Date 09 16	Y Y Y Y 2010						