

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 08 01 2010 through 08 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas E. Nye, O.D.

Signature of Treasurer Electronically Filed by Thomas E. Nye, O.D. Date 09 16 2010

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

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3XN**

Schedule E Independent Expenditures Revolution Media Group, LLC \$100,000 Dissemination 9/1/2010

Transaction ID :

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

Write or Type Committee Name  
American Optometric Association Political Action Committee

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2424.81	19464.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2424.81	19464.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	56500.00	491000.00
24. Independent Expenditure (use Schedule E) .....	100000.00	100000.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1348.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	1348.20
29. Other Disbursements.....	10500.00	10500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	169424.81	622312.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	169424.81	622312.27

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 74  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Brian D Cin

Mailing Address 11912 Town Park Circle

City State Zip Code  
Eagle River AK 99577-7788

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2010

**Transaction ID: 32081348**

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Kenneth S Lawenda

Mailing Address 2554 Lincoln Blvd Box 1021

City State Zip Code  
Venice CA 90291-5082

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2010

**Transaction ID: 32081349**

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Susan Jong

Mailing Address 9771 Marydale Road

City State Zip Code  
Saint Francisville LA 70775-4646

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2010

**Transaction ID: 32081350**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 74  
(check only one)

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

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

**A.**

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

Mailing Address 1501 Sunset Hill

City State Zip Code  
Rockwall TX 75087-3216

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.80

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2010

**Transaction ID: 32081351**

Amount of Each Receipt this Period  
83.35

**B.**

Full Name (Last, First, Middle Initial)  
Dr Kevin Katz

Mailing Address 1205 Pin Oak Drive

City State Zip Code  
Dickinson TX 77539-3320

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1309.12

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2010

**Transaction ID: 32088462**

Amount of Each Receipt this Period  
163.64

**C.**

Full Name (Last, First, Middle Initial)  
Dr Kathleen E Powell

Mailing Address 9710 Copper Drive

City State Zip Code  
Anchorage AK 99507-1226

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 613.80

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2010

**Transaction ID: 32088463**

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **331.99**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Victoria Ann Blower	Date of Receipt MM / DD / YYYY 08 / 03 / 2010
	Mailing Address 2301 Loussac Dr	<b>Transaction ID:</b> 32088464
	City Anchorage State AK Zip Code 99517-1230	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Paul C Ajamian	Date of Receipt MM / DD / YYYY 08 / 04 / 2010
	Mailing Address 245 Shadowbrook Drive	<b>Transaction ID:</b> 32089201
	City Roswell State GA Zip Code 30075-4600	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Robert J Fleckenstein	Date of Receipt MM / DD / YYYY 08 / 04 / 2010
	Mailing Address 1830 Rebel Ridge	<b>Transaction ID:</b> 32089202
	City Anchorage State AK Zip Code 99504-2900	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>420.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 74  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Deborah S Bernay

Mailing Address 1702 Rustic Oak Lane

City State Zip Code  
Seabrook TX 77586-4556

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2010

**Transaction ID:** 32089205

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Harvey B Richman, FAAO

Mailing Address 136 Main Street

City State Zip Code  
Manasquan NJ 08736-3558

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2010

**Transaction ID:** 32089206

Amount of Each Receipt this Period  
42.50

**C.**

Full Name (Last, First, Middle Initial)  
Dr Casey M Roelfs

Mailing Address 1254 Noble Hills

City State Zip Code  
Boone IA 50036-7569

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 243.36

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2010

**Transaction ID:** 32090628

Amount of Each Receipt this Period  
30.42

**SUBTOTAL** of Receipts This Page (optional) ..... ► **172.92**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 74  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr David L Parker

Mailing Address 4889 Bobo Place

City State Zip Code  
Olive Branch MS 38654-8223

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 333.36

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 0

Transaction ID: 32090629

Amount of Each Receipt this Period

41.67

**B.**

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

Mailing Address 2679 Vesclub Circle

City State Zip Code  
Vestavia Hills AL 35216-1356

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 0

Transaction ID: 32090630

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Brian Roy Murray

Mailing Address 3292 Sunnyslope Dr

City State Zip Code  
Clarksville TN 37043-7869

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 365.04

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 0

Transaction ID: 32090632

Amount of Each Receipt this Period

60.84

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

602.51

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr George W Hertneky		Date of Receipt
	Mailing Address 16862 County Road 28		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Brush	CO	80723-9424
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 32090633
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="270.87"/>	<input type="text" value="57.30"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Lori Ann Youngman		Date of Receipt
	Mailing Address 4535 Nw Aspen St		<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Camas	WA	98607-8302
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 32103678
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1333.36"/>	<input type="text" value="166.67"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Frederick P Darin		Date of Receipt
	Mailing Address 405 Tirrell Rd		<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Charlotte	MI	48813-2131
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 32103679
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	<input type="text" value="50.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="273.97"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 74  
(check only one)

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

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

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

Mailing Address 2063 Rock Branch Road

City State Zip Code  
Anthon IA 51004-8150

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 32103680

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Christopher J Colburn

Mailing Address 30 Winchester Rd

City State Zip Code  
Lakewood NY 14750-1734

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 32103682

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Jeffrey A Myers

Mailing Address 4089 Marlowa Drive  
P O Box 116

City State Zip Code  
Groveport OH 43125-9503

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2010

**Transaction ID:** 32103683

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **280.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 74  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Robert Craig Janot

Mailing Address 6910 Windmill Lane

City State Zip Code  
Lake Charles LA 70605-0536

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2010

Transaction ID: 32104349

Amount of Each Receipt this Period  
41.67

**B.**

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

Mailing Address 46 Lambeth Walk

City State Zip Code  
Fairview NC 28730-7721

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2010

Transaction ID: 32104351

Amount of Each Receipt this Period  
200.00

**C.**

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

Mailing Address 47 Mast Hill Road

City State Zip Code  
Saco ME 04072-9338

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2010

Transaction ID: 32104352

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **291.67**

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

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

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

FOR LINE NUMBER: PAGE 15 / 74  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 3 Schindler Drive

City Succasunna State NJ Zip Code 07876-1183

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 08 / 07 / 2010  
Transaction ID: 32104353  
Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Edwin Y Endo

Mailing Address 98828 Hiliu Pl

City Aiea State HI Zip Code 96701-2785

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 291.62

Date of Receipt 08 / 07 / 2010  
Transaction ID: 32104354  
Amount of Each Receipt this Period 41.66

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

Mailing Address 6436 Spotted Fawn Run

City Littleton State CO Zip Code 80125-9055

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 08 / 07 / 2010  
Transaction ID: 32104355  
Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 441.66

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Lowell C Ware	Date of Receipt MM / DD / YYYY 08 / 07 / 2010
	Mailing Address 131 Moon Road	<b>Transaction ID:</b> 32104356
	City State Zip Code Smiths Grove KY 42171-9406	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr James H Moser, Jr	Date of Receipt MM / DD / YYYY 08 / 07 / 2010
	Mailing Address 8250 Quail Hollow	<b>Transaction ID:</b> 32104357
	City State Zip Code Texarkana TX 75503-9652	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Jacqueline M Bowen	Date of Receipt MM / DD / YYYY 08 / 08 / 2010
	Mailing Address 3930 W 19Th St Ln	<b>Transaction ID:</b> 32104364
	City State Zip Code Greeley CO 80634-3446	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>665.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 74  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Robert P Nyre

Mailing Address 2505 10Th Ave Nw

City State Zip Code  
Minot ND 58703-1754

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
08 / 08 / 2010

**Transaction ID:** 32104365

Amount of Each Receipt this Period  
40.00

**B.**

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

Mailing Address 61269 Coralburst Dr

City State Zip Code  
Washington MI 48094-1746

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1272.72

Date of Receipt  
MM / DD / YYYY  
08 / 09 / 2010

**Transaction ID:** 32104374

Amount of Each Receipt this Period  
159.09

**C.**

Full Name (Last, First, Middle Initial)  
Dr David J Esplin

Mailing Address 34 South 590 East

City State Zip Code  
Salem UT 84653-5519

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
08 / 09 / 2010

**Transaction ID:** 32104375

Amount of Each Receipt this Period  
45.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **244.09**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 74  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr David J Shippee

Mailing Address Box 307

City Sherman Oaks State ME Zip Code 04777

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 09 / 2010

Transaction ID: 32104376

Amount of Each Receipt this Period 41.66

**B.**

Full Name (Last, First, Middle Initial)  
Dr Mark J Cook

Mailing Address 5698 Mountain Road

City Brighton State MI Zip Code 48116-9732

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 09 / 2010

Transaction ID: 32104377

Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Terri Susanne Watkins

Mailing Address 312 Esto Heights

City Russell Springs State KY Zip Code 42642-7010

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 09 / 2010

Transaction ID: 32104379

Amount of Each Receipt this Period 41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► 183.33

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 74  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

Dr Robert P Wooldridge

Mailing Address 2840 E Swiss Oaks Dr

City State Zip Code  
Sandy UT 84093-6586

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 9 / 2 0 1 0

Transaction ID: 32104381

Amount of Each Receipt this Period  
125.00

**B.**

Full Name (Last, First, Middle Initial)

Dr David M Redman

Mailing Address 795 Foxhill Circle

City State Zip Code  
Hollister CA 95023-9747

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 312.31

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 9 / 2 0 1 0

Transaction ID: 32104382

Amount of Each Receipt this Period  
46.91

**C.**

Full Name (Last, First, Middle Initial)

Dr Thomas L Lim

Mailing Address 1136 Thorntree Court

City State Zip Code  
San Jose CA 95120-1740

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 277.80

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 9 / 2 0 1 0

Transaction ID: 32104383

Amount of Each Receipt this Period  
55.56

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

227.47

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Ronald J Meyer	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 37038 60 Rd 496	<b>Transaction ID:</b> 32117835
	City State Zip Code Champion MI 49814	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Terry H Berner	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 8210 Top Of The World Drive	<b>Transaction ID:</b> 32117836
	City State Zip Code Salt Lake City UT 84121-6060	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Stacie Layne Virden	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 2432 Lake Air Drive	<b>Transaction ID:</b> 32117838
	City State Zip Code Waco TX 76710-1611	Amount of Each Receipt this Period 84.09
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 672.72	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>176.09</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 21 / 74  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Paul Philippe Cote

Mailing Address 18 Little Androscoggin Drive

City State Zip Code  
Auburn ME 04210-8884

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2010

**Transaction ID: 32117839**

Amount of Each Receipt this Period  
41.67

**B.** Full Name (Last, First, Middle Initial)  
Dr Steve N Nguyen

Mailing Address 7417 Primrose Dr

City State Zip Code  
Irving TX 75063-5507

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2010

**Transaction ID: 32117840**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Christopher L Eddy

Mailing Address 6306 Buchanan St

City State Zip Code  
Fort Collins CO 80525-5810

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2010

**Transaction ID: 32117842**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **341.67**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 74  
(check only one)

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

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

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

**A.**

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

Mailing Address 179 Wood Trace

City Benton State KY Zip Code 42025-9400

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.36

Date of Receipt 08 / 10 / 2010

Transaction ID: 32117843

Amount of Each Receipt this Period 166.67

**B.**

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

Mailing Address 2505 Rivermont Circle

City Kingsport State TN Zip Code 37660-2392

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 10 / 2010

Transaction ID: 32117844

Amount of Each Receipt this Period 83.33

**C.**

Full Name (Last, First, Middle Initial)  
Dr Gilbert E Pierce

Mailing Address 8639 Olenbrook Drive

City Lewis Center State OH Zip Code 43035-8702

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 10 / 2010

Transaction ID: 32117845

Amount of Each Receipt this Period 45.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **295.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Gregory Willard Hicks		Date of Receipt
	Mailing Address 419 Bogart Road East		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 11 / 2010
	City	State	Zip Code
	Sandusky	OH	44870-6404
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 32132390
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 170.00
		<input type="text"/> 510.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Gregory W Kraupa		Date of Receipt
	Mailing Address 4280 Reiland Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 11 / 2010
	City	State	Zip Code
	Shoreview	MN	55126-3127
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 32132416
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 42.00
		<input type="text"/> 294.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Timothy John Barry		Date of Receipt
	Mailing Address 221 Woodrich Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 11 / 2010
	City	State	Zip Code
	Lafayette	LA	70507-5207
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 32132419
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1212.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 74  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Dr Paul A DeCesare

Mailing Address 6 Conanicut Rd

City State Zip Code  
Narragansett RI 02882-2625

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 3 / 2 0 1 0

Transaction ID: 32132459

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Richard Andrew Kay

Mailing Address 9 Swan Drive

City State Zip Code  
Nottingham NH 03290-5646

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 3 / 2 0 1 0

Transaction ID: 32132466

Amount of Each Receipt this Period  
60.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Kim Ashbrook Baxter

Mailing Address 1211 Custer Court

City State Zip Code  
North Platte NE 69101-6313

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 3 / 2 0 1 0

Transaction ID: 32132472

Amount of Each Receipt this Period  
400.00

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

710.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Janet Rose Fett	Date of Receipt MM / DD / YYYY 08 / 03 / 2010
	Mailing Address 517 So Ridge Dr	<b>Transaction ID:</b> 32132479
	City State Zip Code S Sioux City NE 68776	Amount of Each Receipt this Period 102.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr David M Kincaid	Date of Receipt MM / DD / YYYY 08 / 03 / 2010
	Mailing Address 560 200Th Street	<b>Transaction ID:</b> 32132489
	City State Zip Code Dakota City NE 68731-3047	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Jonathan M Hartley	Date of Receipt MM / DD / YYYY 08 / 05 / 2010
	Mailing Address 2402 Heights Avenue	<b>Transaction ID:</b> 32132791
	City State Zip Code Cody WY 82414-9822	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>752.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 74  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Michael E Hanen-Smith, M.S.

Mailing Address 241 Norman Ridge Dr

City State Zip Code  
Bloomington MN 55437-1709

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2010

**Transaction ID:** 32132792

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Donna B Mc Laughlin

Mailing Address 155 Rdige Crest Drive

City State Zip Code  
Mountain Top PA 18707-1536

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 09 / 2010

**Transaction ID:** 32149308

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr James B Connelly

Mailing Address 3243 Evergreen Road

City State Zip Code  
Fargo ND 58102-1214

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 09 / 2010

**Transaction ID:** 32149311

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 74  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Rose Marie Betz

Mailing Address 7300 N Bluff Drive

City Tuscaloosa      State AL      Zip Code 35406-2608

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed      Occupation Doctor of Optometry

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 09 / 2010  
**Transaction ID: 32149314**  
 Amount of Each Receipt this Period 100.00

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

Mailing Address 118 Whitehall Court

City Grayslake      State IL      Zip Code 60030-3492

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed      Occupation Doctor of Optometry

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 12 / 2010  
**Transaction ID: 32152111**  
 Amount of Each Receipt this Period 100.00

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

Mailing Address 1345 West 9Th Avenue

City Anchorage      State AK      Zip Code 99501-3236

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed      Occupation Doctor of Optometry

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 12 / 2010  
**Transaction ID: 32152112**  
 Amount of Each Receipt this Period 84.00

**SUBTOTAL** of Receipts This Page (optional) ..... 284.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 74  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Tommy J Ducklo

Mailing Address 6304 Chickering Circle

City Nashville State TN Zip Code 37215-5301

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 10 / 2010

Transaction ID: 32153337

Amount of Each Receipt this Period 250.00

**B.**

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

Mailing Address Po Box 302  
106 Davis Hill Road

City New London State NH Zip Code 03257-0302

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1348.00

Date of Receipt 08 / 10 / 2010

Transaction ID: 32153338

Amount of Each Receipt this Period 166.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr R. Bryan Boozer

Mailing Address 1602 Wildwood St Sw

City Cullman State AL Zip Code 35055-4555

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 13 / 2010

Transaction ID: 32153401

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **466.00**

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

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

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

FOR LINE NUMBER: PAGE 29 / 74  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Michael T Cron

Mailing Address 9217 Elmwood Court

City State Zip Code  
Stanwood MI 49346-9305

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 333.28

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2010

**Transaction ID:** 32153403

Amount of Each Receipt this Period  
41.66

**B.** Full Name (Last, First, Middle Initial)  
Dr L. Bruce Mebine

Mailing Address 1728 Delaware St

City State Zip Code  
Berkeley CA 94703-1327

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2010

**Transaction ID:** 32153404

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Jeffrey David Hill

Mailing Address 126 Treymoor Drive

City State Zip Code  
Alabaster AL 35007-3150

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2010

**Transaction ID:** 32153405

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **591.66**

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

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

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

FOR LINE NUMBER: PAGE 30 / 74  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Sarah C Gordon

Mailing Address 252 Inverness Center Dr

City Birmingham State AL Zip Code 35242-4834

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 13 / 2010  
Transaction ID: 32153406  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Grant W Jones

Mailing Address 2117 Grandview Dr

City Torrington State WY Zip Code 82240-2638

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

Name of Employer Self Employed Occupation Doctor of Optometry

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

Date of Receipt 08 / 12 / 2010  
Transaction ID: 32153839  
Amount of Each Receipt this Period 365.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Lynda L Jones

Mailing Address 2117 Grandview Dr

City Torrington State WY Zip Code 82240-2638

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

Name of Employer Self Employed Occupation Doctor of Optometry

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

Date of Receipt 08 / 12 / 2010  
Transaction ID: 32153840  
Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 780.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 74  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Dr Elliott M Rosengarten		Date of Receipt MM / DD / YYYY 08 / 14 / 2010
Mailing Address 7135 Shefford Lane		<b>Transaction ID:</b> 32154987
City Louisville	State KY	Zip Code 40242-2854
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

**B.**

Full Name (Last, First, Middle Initial) Dr Markus I Barth		Date of Receipt MM / DD / YYYY 08 / 14 / 2010
Mailing Address 1346 Heller Drive		<b>Transaction ID:</b> 32154988
City Yardley	State PA	Zip Code 19067-2714
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 66.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 533.36	

**C.**

Full Name (Last, First, Middle Initial) Dr Heath B Gilbert		Date of Receipt MM / DD / YYYY 08 / 14 / 2010
Mailing Address 5277 Split Rail		<b>Transaction ID:</b> 32154992
City Dayton	State OH	Zip Code 45429-1962
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 91.25
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.75	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>407.92</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 74  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Brian J Plattner

Mailing Address 107 Willow Ln

City State Zip Code  
Knoxville IL 61448-1057

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2010

**Transaction ID:** 32154993

Amount of Each Receipt this Period  
85.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Brad Alan Kimball

Mailing Address 5919 Sandalwood Drive

City State Zip Code  
Billings MT 59106-9537

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 32156430

Amount of Each Receipt this Period  
125.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Scott L Nehring

Mailing Address 32840 S Meridian Road

City State Zip Code  
Woodburn OR 97071-8768

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 32156431

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **252.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 74  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Dr Bruce L Manning

Mailing Address 487 Whitebark Circle

City State Zip Code  
Wadsworth OH 44281-2299

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 248.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 1 0

Transaction ID: 32156682

Amount of Each Receipt this Period

31.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Thomas W Hobbs

Mailing Address 13 Ne 550 Rd

City State Zip Code  
Warrensburg MO 64093-7473

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 1 0

Transaction ID: 32156683

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Ron W Roelfs

Mailing Address 600 3Rd St Se

City State Zip Code  
Waverly IA 50677-3516

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 1 0

Transaction ID: 32156686

Amount of Each Receipt this Period

35.00

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

116.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 74  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Richard E Dowdell

Mailing Address 2965 Heath Road

City State Zip Code  
Macon GA 31206-5268

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 243.36

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 1 0

Transaction ID: 32156688

Amount of Each Receipt this Period

30.42

**B.**

Full Name (Last, First, Middle Initial)  
Dr Freddie M Mayes

Mailing Address 117 Magnolia Drive

City State Zip Code  
Central City KY 42330-1727

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 0

Transaction ID: 32158959

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Lee Ann Barrett

Mailing Address 1199 E Morgan

City State Zip Code  
Boonville MO 65233-1336

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 0

Transaction ID: 32158960

Amount of Each Receipt this Period

50.00

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

130.42

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 74  
(check only one)

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

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

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

**A.**

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

Mailing Address 3537 New Castle Dr Se

City State Zip Code  
Rio Rancho NM 87124-3672

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2010

**Transaction ID: 32158961**

Amount of Each Receipt this Period  
200.00

**B.**

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

Mailing Address 3537 Newcastle Dr Se

City State Zip Code  
Rio Rancho NM 87124-3672

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2010

**Transaction ID: 32158962**

Amount of Each Receipt this Period  
100.00

**C.**

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

Mailing Address 11700 Northview Dr

City State Zip Code  
Aledo TX 76008-5223

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2010

**Transaction ID: 32158964**

Amount of Each Receipt this Period  
112.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **412.50**

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

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

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

FOR LINE NUMBER: PAGE 36 / 74

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Jason A Ricks

Mailing Address 108 Agate Drive

City State Zip Code  
Lewistown MT 59457-3202

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 1 0

Transaction ID: 32159995

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr James C Falconer, Jr

Mailing Address 3421 Kachemak Circle

City State Zip Code  
Anchorage AK 99515-2380

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 672.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 1 0

Transaction ID: 32159997

Amount of Each Receipt this Period  
84.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Harue Jean Marsden

Mailing Address 1445 Prospect Avenue Unit D

City State Zip Code  
Placentia CA 92870-3816

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 1 0

Transaction ID: 32159998

Amount of Each Receipt this Period  
83.34

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

197.34

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Kent Hillery	Date of Receipt MM / DD / YYYY 08 / 18 / 2010
	Mailing Address 16448 Country Club Drive	<b>Transaction ID:</b> 32160001
	City Peosta State IA Zip Code 52068-9710	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Pamela E Theriot	Date of Receipt MM / DD / YYYY 08 / 19 / 2010
	Mailing Address 120 W Vuelta Friso	<b>Transaction ID:</b> 32167967
	City Sahuarita State AZ Zip Code 85629-8672	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Ronald Lee Hopping	Date of Receipt MM / DD / YYYY 08 / 19 / 2010
	Mailing Address 1801 Creekside Dr	<b>Transaction ID:</b> 32167969
	City Friendswood State TX Zip Code 77546-7821	Amount of Each Receipt this Period 181.82
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1454.56	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>281.82</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 74  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

Dr Desiree Tyer Hopping

Mailing Address 1801 Creekside Dr

City State Zip Code  
Friendswood TX 77546-7821

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1454.56

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 0

Transaction ID: 32167970

Amount of Each Receipt this Period

181.82

**B.**

Full Name (Last, First, Middle Initial)

Dr Scott M Burks

Mailing Address P O Box 1351

City State Zip Code  
Buffalo MO 65622-1351

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 0

Transaction ID: 32167971

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Mitchell Todd Munson

Mailing Address 9940 S Ashleigh Way

City State Zip Code  
Highlands Ranch CO 80126-4244

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1338.84

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 0

Transaction ID: 32167972

Amount of Each Receipt this Period

165.29

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

447.11

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 74  
(check only one)

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

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

**A.**

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

Mailing Address 9940 S Ashleigh Way

City State Zip Code  
Highlands Ranch CO 80126-4244

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
669.45

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2010

Transaction ID: 32167973

Amount of Each Receipt this Period  
82.65

**B.**

Full Name (Last, First, Middle Initial)  
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  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2010

Transaction ID: 32167975

Amount of Each Receipt this Period  
42.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Jan L Cooper

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  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2010

Transaction ID: 32167977

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **374.65**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 74  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Suraj S Afshar

Mailing Address 2 Eagle Lane

City State Zip Code  
Methuen MA 01844-3900

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2010

**Transaction ID:** 32167979

Amount of Each Receipt this Period  
45.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr R. Brian Wallace

Mailing Address 1300 Jackson Ave

City State Zip Code  
Florence SC 29501-4521

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2010

**Transaction ID:** 32174048

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr William D Marks

Mailing Address 15638 Indianhead Lane

City State Zip Code  
Strongsville OH 44136-5334

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2010

**Transaction ID:** 32178544

Amount of Each Receipt this Period  
240.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **535.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 74  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Thomas A Mebane

Mailing Address 200 Walter Ave

City State Zip Code  
Roanoke Rapids NC 27870-1611

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2010

**Transaction ID:** 32178545

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Kevin L Alexander

Mailing Address 2116 Wildwood Court

City State Zip Code  
Fullerton CA 92831-1339

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 32184082

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Ian B Gaddie

Mailing Address 5600 Schuler Lane

City State Zip Code  
Prospect KY 40059-9501

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2010

**Transaction ID:** 32184084

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 74  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Curtis L Dix

Mailing Address 501 E. Ridgeview

City State Zip Code  
Culver OR 97734-9712

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 1 0

Transaction ID: 32184085

Amount of Each Receipt this Period

125.00

**B.**

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

Mailing Address 42 Tabor Lane

City State Zip Code  
Hamilton OH 45013-5118

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 690.88

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 1 0

Transaction ID: 32184087

Amount of Each Receipt this Period

86.36

**C.**

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

Mailing Address 4940 Victoria Place

City State Zip Code  
Guthrie OK 73044-8668

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1333.36

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 1 0

Transaction ID: 32190009

Amount of Each Receipt this Period

166.67

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

378.03

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 74  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Marshall P Dorsett

Mailing Address 12938 Ironwood Drive

City State Zip Code  
Aberdeen SD 57401-8106

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1009.75

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2010

**Transaction ID:** 32190011

Amount of Each Receipt this Period  
200.00

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

Mailing Address 2210 Nw Parkridge Drive

City State Zip Code  
Ankeny IA 50023-9027

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2010

**Transaction ID:** 32190014

Amount of Each Receipt this Period  
50.00

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

Mailing Address 855 11Th St Place

City State Zip Code  
Garner IA 50438-1847

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
348.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2010

**Transaction ID:** 32190015

Amount of Each Receipt this Period  
84.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **334.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 74  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Erica A Burton

Mailing Address 578 E Hwy T

City State Zip Code  
Lamar MO 64759-8209

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2010

**Transaction ID: 32190024**

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Michael D Conklin

Mailing Address 9067 Bordeaux Way

City State Zip Code  
Sandy UT 84093-2216

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2010

**Transaction ID: 32190033**

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Kathleen E Goff

Mailing Address 114 Crested Peak

City State Zip Code  
Santa Teresa NM 88008-9423

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 690.88

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2010

**Transaction ID: 32190049**

Amount of Each Receipt this Period  
86.36

**SUBTOTAL** of Receipts This Page (optional) ..... ► **236.36**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 74  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Larry D Gunnell

Mailing Address #7 Brenna Dr

City State Zip Code  
Wichita Falls TX 76302-2506

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 1 0

**Transaction ID:** 32190050

Amount of Each Receipt this Period 83.33

**B.**

Full Name (Last, First, Middle Initial)  
Dr Christy Lynn Warford

Mailing Address 3601 Lareforma

City State Zip Code  
Baytown TX 77521-9175

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 1 0

**Transaction ID:** 32190051

Amount of Each Receipt this Period 83.34

**C.**

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

Mailing Address 224 Laconia Rd

City State Zip Code  
Tilton NH 03276-5223

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.02

Date of Receipt M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 1 0

**Transaction ID:** 32190054

Amount of Each Receipt this Period 166.67

**SUBTOTAL** of Receipts This Page (optional) ..... 333.34

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 74

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Dr Barry J Barresi

Mailing Address 659 Spyglass Summit Drive

City State Zip Code  
Chesterfield MO 63017-2142

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 1 0

Transaction ID: 32190055

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Dr David J Helfman

Mailing Address 7 Pierce Lane

City State Zip Code  
Hollis NH 03049-6209

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 0

Transaction ID: 32190286

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Tricia Marie Brenner

Mailing Address 9688 E Maplewood Circle

City State Zip Code  
Greenwood Village CO 80111-7016

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 0

Transaction ID: 32190288

Amount of Each Receipt this Period

365.00

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

1065.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 74  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Dr Brian J Blount

Mailing Address 5830 N Circuit

City State Zip Code  
Beaumont TX 77706-4428

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1454.56

Date of Receipt

M M / D D / Y Y Y Y  
08 / 24 / 2010

Transaction ID: 32194330

Amount of Each Receipt this Period

181.82

**B.**

Full Name (Last, First, Middle Initial)

Dr Teresa M Seim

Mailing Address 7328 Glade Trail

City State Zip Code  
Kalamazoo MI 49009-5921

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 336.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 24 / 2010

Transaction ID: 32194331

Amount of Each Receipt this Period

42.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Pamela A Lowe

Mailing Address 6835 Concord Lane

City State Zip Code  
Niles IL 60714-4431

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 24 / 2010

Transaction ID: 32194332

Amount of Each Receipt this Period

100.00

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

323.82

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 74  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Dennis M Brtva

Mailing Address 57 Pebblebrook Ct

City State Zip Code  
Bloomington IL 61705-6300

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2010

**Transaction ID:** 32194334

Amount of Each Receipt this Period  
85.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Steven Thomas Reed

Mailing Address 4550 Simpson Hwy 28 W

City State Zip Code  
Magee MS 39111-5187

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2010

**Transaction ID:** 32194335

Amount of Each Receipt this Period  
90.00

**C.**

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

Mailing Address P O Box 614

City State Zip Code  
Blythewood SC 29016-0614

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.38

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2010

**Transaction ID:** 32194336

Amount of Each Receipt this Period  
83.34

**SUBTOTAL** of Receipts This Page (optional) ..... ► **258.34**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 74  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Dori M Carlson

Mailing Address P O Box 0

City State Zip Code  
Park River ND 58270

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2010

**Transaction ID:** 32194337

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Donald Lester Watson

Mailing Address 118 San Marco Drive

City State Zip Code  
Tybee Island GA 31328-9706

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2010

**Transaction ID:** 32194978

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Cheslyn Mei Gan

Mailing Address 1370 Peralta Avenue

City State Zip Code  
Berkeley CA 94702-1128

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2010

**Transaction ID:** 32194980

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **292.00**

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

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

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

FOR LINE NUMBER: PAGE 50 / 74  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Mamie Cassandra Chan

Mailing Address 6109 Rio Hondo NE

City State Zip Code  
Albuquerque NM 87109-3832

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2010

**Transaction ID: 32194981**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 427 Cranberry Lane

City State Zip Code  
Crozet VA 22932-3160

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2010

**Transaction ID: 32194983**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Richard D Salisbury

Mailing Address P O Box 1473  
11477 Main Street

City State Zip Code  
Martin KY 41649-1473

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 666.68

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2010

**Transaction ID: 32194986**

Amount of Each Receipt this Period  
333.34

**SUBTOTAL** of Receipts This Page (optional) ..... ► **433.34**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 74  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr William L Harrison		Date of Receipt MM / DD / YYYY 08 / 25 / 2010		
	Mailing Address 412 E 300 N		<b>Transaction ID:</b> 32196608		
	City Brigham City	State UT	Zip Code 84302-1904	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Self Employed Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Kenny R Blackston		Date of Receipt MM / DD / YYYY 08 / 26 / 2010		
	Mailing Address Po Box 638		<b>Transaction ID:</b> 32196611		
	City Andalusia	State AL	Zip Code 36420-1212	Amount of Each Receipt this Period 30.42	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Self Employed Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 243.36			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Richard L. Talkington		Date of Receipt MM / DD / YYYY 08 / 26 / 2010		
	Mailing Address 461 Pleasant St P.O. Box 521		<b>Transaction ID:</b> 32196612		
	City Franklin	State NH	Zip Code 03235-1885	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Self Employed Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>630.42</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 52 / 74  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Jeffrey M Anastasio

Mailing Address 413 Turnwood Drive

City State Zip Code  
Covington LA 70433-5831

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2010

**Transaction ID:** 32198948

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Maryjane Healey

Mailing Address 6710 124Th Place Se

City State Zip Code  
Snohomish WA 98296-8649

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2010

**Transaction ID:** 32199188

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Dr C. Thomas Crooks, III

Mailing Address 1229 Highland Lakes Trail

City State Zip Code  
Birmingham AL 35242-6886

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2010

**Transaction ID:** 32199189

Amount of Each Receipt this Period  
50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Lynn A Davis	Date of Receipt MM / DD / YYYY 08 / 27 / 2010
	Mailing Address 1424 Tiffany Lane Se	<b>Transaction ID:</b> 32199190
	City State Zip Code Rio Rancho NM 87124-0976	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Beth A Kneib	Date of Receipt MM / DD / YYYY 08 / 28 / 2010
	Mailing Address 602 Nw 163Rd St	<b>Transaction ID:</b> 32204778
	City State Zip Code Shoreline WA 98177-3727	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Trevor J Cleveland	Date of Receipt MM / DD / YYYY 08 / 28 / 2010
	Mailing Address 1610 Wilson Court	<b>Transaction ID:</b> 32204779
	City State Zip Code Eugene OR 97402-3361	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>175.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 54 / 74  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Larry G Obie

Mailing Address 1330 12Th Ave

City State Zip Code  
Havre MT 59501-5401

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2010

**Transaction ID: 32204780**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Andrea P Thau

Mailing Address 170 East 83 Street

City State Zip Code  
New York NY 10028-1920

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1333.36

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2010

**Transaction ID: 32204781**

Amount of Each Receipt this Period  
166.67

**C.** Full Name (Last, First, Middle Initial)  
Dr Kenneth Ray Moultrie

Mailing Address 1809 Gaslight Way

City State Zip Code  
Huntsville AL 35801-1555

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2010

**Transaction ID: 32204782**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 266.67

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

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

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

FOR LINE NUMBER: PAGE 55 / 74  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Michele R Haranin

Mailing Address 301 Concord Road

City State Zip Code  
Dover DE 19904-9100

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2010

**Transaction ID: 32204783**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Kathryn Dingley Gurney

Mailing Address 1285 Industry Rd

City State Zip Code  
Industry ME 04938-4545

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2010

**Transaction ID: 32204785**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Charles K Atwell

Mailing Address 238 Chasse Circle

City State Zip Code  
St Charles IL 60174-1418

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2010

**Transaction ID: 32204786**

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **142.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Peter H Kehoe		Date of Receipt MM / DD / YYYY 08 / 28 / 2010
	Mailing Address 789 N Broad		Transaction ID: 32204788
	City Galesburg	State IL	Zip Code 61401-2766
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 175.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Kevin L Gee		Date of Receipt MM / DD / YYYY 08 / 28 / 2010
	Mailing Address 9119 Highway 6 #200		Transaction ID: 32204790
	City Missouri City	State TX	Zip Code 77459-4876
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 90.91
	Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 727.28	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Carl J Roth, III		Date of Receipt MM / DD / YYYY 08 / 28 / 2010
	Mailing Address 1048 Alderson Avenue		Transaction ID: 32204798
	City Billings	State MT	Zip Code 59102-4216
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 47.50
	Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 310.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	313.41
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 74  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr Sue E Lowe

Mailing Address 1704 Skyline Drive

City State Zip Code  
Laramie WY 82070-8932

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.36

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2010

Transaction ID: 32204799

Amount of Each Receipt this Period  
166.67

**B.**

Full Name (Last, First, Middle Initial)  
Dr Ron Benner

Mailing Address 1408 E Maryland

City State Zip Code  
Laurel MT 59044-2238

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.36

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2010

Transaction ID: 32204801

Amount of Each Receipt this Period  
166.67

**C.**

Full Name (Last, First, Middle Initial)  
Dr Robert Spencer Christensen

Mailing Address 179 Del Oro Lagoon

City State Zip Code  
Novato CA 94949-5333

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2010

Transaction ID: 32204802

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **483.34**

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

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

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

FOR LINE NUMBER: PAGE 58 / 74  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 21 Fairway Village Lane

City State Zip Code  
Isle Of Palms SC 29451-2732

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 357.70

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2010

**Transaction ID: 32204803**

Amount of Each Receipt this Period  
58.40

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

Mailing Address 141 Sea Cotton Cir

City State Zip Code  
Charleston SC 29412-8296

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 175.20

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2010

**Transaction ID: 32204804**

Amount of Each Receipt this Period  
58.40

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

Mailing Address 3120 Brookford Drive

City State Zip Code  
Saint Charles MO 63303-6356

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID: 32211524**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **166.80**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Sharon R Roberts		Date of Receipt MM / DD / YYYY 08 / 30 / 2010		
	Mailing Address 2226 Fairfield Lane		<b>Transaction ID:</b> 32223570		
	City Plymouth	State WI	Zip Code 53073-4903	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Self Employed		Occupation Doctor of Optometry	Aggregate Year-to-Date ▼ 325.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr J. Scott Simpson		Date of Receipt MM / DD / YYYY 08 / 30 / 2010		
	Mailing Address 2001 Ridgewood		<b>Transaction ID:</b> 32223572		
	City El Dorado	State AR	Zip Code 71730-5288	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Self Employed		Occupation Doctor of Optometry	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	565.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	22094.66

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 60 / 74	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

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

**A.**

Full Name (Last, First, Middle Initial) Bank of America		Date of Receipt
Mailing Address PO Box 790251		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 31 / 2010
City	State	Zip Code
St. Louis	MO	63179
FEC ID number of contributing federal political committee.		Transaction ID: 32240400
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text"/> 31.36
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	Bank Interest
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 204.45	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 31.36
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 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  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Bennett Election Committee

Mailing Address P.O. Box 8841

City State Zip Code  
Falls Church VA 22041

FEC ID number of contributing federal political committee. **C** C00254888

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 1 0

Transaction ID: 32240464

Amount of Each Receipt this Period  
1000.00

Refund

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Graves For Congress</p> <p>Mailing Address PO Box 701</p> <p>City Gainesville State GA Zip Code 30503</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. John Graves</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff2010</p>	<p><b>Transaction ID:</b> 32090415</p> <p>Date of Disbursement 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Olson For Congress Committee</p> <p>Mailing Address PO Box 16381</p> <p>City Sugar Land State TX Zip Code 77496</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Pete Olson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 22</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32090518</p> <p>Date of Disbursement 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bob Etheridge For Congress Committee</p> <p>Mailing Address Post Office Box 28001 PO Box 28001</p> <p>City Raleigh State NC Zip Code 27611</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Bob Etheridge</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32090571</p> <p>Date of Disbursement 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Manchin For West Virginia</p> <p>Mailing Address PO Box 5202</p> <p>City Charleston State WV Zip Code 25361</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Joe Manchin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary2010</p>	<p><b>Transaction ID:</b> 32090610 <b>Date of Disbursement</b> 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Courtney For Congress</p> <p>Mailing Address 38 Risley Road</p> <p>City Vernon State CT Zip Code 06066</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Joseph D. Courtney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32090612 <b>Date of Disbursement</b> 08 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee To Reelect Congressman Chris Smith</p> <p>Mailing Address P.O. Box 3184</p> <p>City Hamilton State NJ Zip Code 08619</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Christopher H. Smith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32153039 <b>Date of Disbursement</b> 08 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

8000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Hatch Election Committee Inc  Mailing Address 175 South West Temple Suite 650  City Salt Lake City State UT Zip Code 84101  Purpose of Disbursement Candidate Contribution Candidate Name Sen. Orrin G. Hatch Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:  Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 32153043 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 1 0	Amount of Each Disbursement this Period 2000.00  Candidate Contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) Elliott For Congress  Mailing Address PO Box 3524  City Little Rock State AR Zip Code 72203  Purpose of Disbursement Candidate Contribution Candidate Name Ms. Joyce Elliott Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 02  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 32153047 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 1 0	Amount of Each Disbursement this Period 2500.00  Candidate Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Rush Holt For Congress  Mailing Address PO Box 782  City Pennington State NJ Zip Code 08534  Purpose of Disbursement Candidate Contribution Candidate Name Rep. Rush D. Holt Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 32153054 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00  Candidate Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Lisa Murkowski For Us Senate</p> <p>Mailing Address PO Box 100847</p> <p>City Anchorage State AK Zip Code 99510</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Sen. Lisa Murkowski</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AK District:</p> <p>Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32153180</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lobiondo For Congress</p> <p>Mailing Address P.O. Box 550</p> <p>City Vineland State NJ Zip Code 08362</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Frank A. LoBiondo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32153182</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tim Bishop For Congress</p> <p>Mailing Address PO Box 437</p> <p>City Farmingville State NY Zip Code 11738</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Timothy Bishop</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32153184</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Candidate Contribution</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Steve Israel For Congress Committee</p> <p>Mailing Address PO Box 777</p> <p>City Deer Park State NY Zip Code 11729</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Steve J. Israel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 02</p>	<p><b>Transaction ID:</b> 32153185</p> <p>Date of Disbursement 08 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Loeb sack For Congress</p> <p>Mailing Address PO Box 2720</p> <p>City Cedar Rapids State IA Zip Code 52406</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. David Wayne Loeb sack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 02</p>	<p><b>Transaction ID:</b> 32153186</p> <p>Date of Disbursement 08 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Latham For Congress</p> <p>Mailing Address P.O. Box 71 PO Box 71</p> <p>City Clarion State IA Zip Code 50525</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Thomas P. Latham</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 04</p>	<p><b>Transaction ID:</b> 32153187</p> <p>Date of Disbursement 08 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Burr Committee <hr/> Mailing Address Post Office Box 5928 <hr/> City Winston-Salem State NC Zip Code 27113 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Richard Burr <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32157291 Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2010
	Amount of Each Disbursement this Period 2500.00
	Candidate Contribution
	Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Scott Murphy For Congress <hr/> Mailing Address 5 South Side Dr. #224 <hr/> City Clifton Park State NY Zip Code 12065 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Rep. Scott M. Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32159850 Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2010
	Amount of Each Disbursement this Period 1000.00
	Candidate Contribution
	Category/Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Collins For Senator <hr/> Mailing Address PO Box 1096 <hr/> City Bangor State ME Zip Code 04402 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Sen. Susan M. Collins <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32159859 Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2010
	Amount of Each Disbursement this Period 1000.00
	Candidate Contribution
	Category/Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Conway For Senate</p> <p>Mailing Address PO Box 6168</p> <p>City Louisville State KY Zip Code 40206</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Jack Conway</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32167386 <b>Date of Disbursement</b> 08 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Moran For Kansas</p> <p>Mailing Address P.O. Box 1151</p> <p>City Hays State KS Zip Code 67601</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Jerry Moran</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32167391 <b>Date of Disbursement</b> 08 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kurt Schrader For Congress</p> <p>Mailing Address PO Box 3314 Suite 240</p> <p>City Oregon City State OR Zip Code 97045</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Kurt Schrader</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32167395 <b>Date of Disbursement</b> 08 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

8500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Grassley Committee Inc</p> <p>Mailing Address PO Box 1000</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Sen. Charles E. Grassley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32185460 <b>Date of Disbursement:</b> 08 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Cicilline Committee</p> <p>Mailing Address 102 Waterman St, Suite 2</p> <p>City Providence State RI Zip Code 02906</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. David Cicilline</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32185462 <b>Date of Disbursement:</b> 08 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/Type</p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bob Filner For Congress</p> <p>Mailing Address PO Box 121480</p> <p>City Chula Vista State CA Zip Code 91912</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Bob Filner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 51</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32185838 <b>Date of Disbursement:</b> 08 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p> <p>Candidate Contribution</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<b>A.</b> Full Name (Last, First, Middle Initial) Dan Coats For Indiana Mailing Address PO Box 301141 City Indianapolis State IN Zip Code 46230 Purpose of Disbursement Candidate Contribution Candidate Name Mr. Daniel Coats Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32185840 Date of Disbursement 08 / 20 / 2010 Amount of Each Disbursement this Period 5000.00 Candidate Contribution
	Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Betty Sutton For Congress Mailing Address 1700 W Market St #155 City Akron State OH Zip Code 44313 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Betty S. Sutton Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32199222 Date of Disbursement 08 / 27 / 2010 Amount of Each Disbursement this Period 5000.00 Candidate Contribution
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ..... ►

10000.00

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

56500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<b>A.</b> Full Name (Last, First, Middle Initial) Clyburn Scholarship Fund <hr/> Mailing Address 499 South Capitol Street Suite 412 <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32090614 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 10000.00 <hr/> Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Alice Sterling for State House <hr/> Mailing Address 5727 Canton Cove Suite 111 <hr/> City Winter Spring State FL Zip Code 32708 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32158913 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00 <hr/> Candidate Contribution

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

10500.00

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

10500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 32240402 Date of Disbursement 08 / 02 / 2010
	Mailing Address PO Box 790251	
	City St. Louis State MO Zip Code 63179	Amount of Each Disbursement this Period 1354.36
	Purpose of Disbursement Bank Fee Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Bank Fee

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 32240403 Date of Disbursement 08 / 03 / 2010
	Mailing Address PO Box 790251	
	City St. Louis State MO Zip Code 63179	Amount of Each Disbursement this Period 22.84
	Purpose of Disbursement Discover Fee Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Discover Fee

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 32240404 Date of Disbursement 08 / 05 / 2010
	Mailing Address PO Box 790251	
	City St. Louis State MO Zip Code 63179	Amount of Each Disbursement this Period 340.62
	Purpose of Disbursement American Express Fee Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		American Express Fee

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1717.82
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 32240405 Date of Disbursement
	Mailing Address PO Box 790251	<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City St. Louis State MO Zip Code 63179	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="81.37"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Bank Fee

B.	Full Name (Last, First, Middle Initial) Wachovia Federal	Transaction ID: 32240459 Date of Disbursement
	Mailing Address 1650 Tyson Blvd.	<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City McLean State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="625.62"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Bank Fee

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

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

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00024968	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Revolution Media Group, LLC		Date M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 1 0	
Mailing Address 1090 Vermont Avenue, N.W. Suite 1230		Amount 100000.00	
City Washington State DC Zip Code 20005		Transaction ID: 32210601	
Purpose of Expenditure Media Production/Buy Radio		Office Sought: <input type="checkbox"/> House State: AR <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mr. John Boozman		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
		100000.00	

(a) SUBTOTAL of Itemized Independent Expenditures .....	100000.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	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) any political party committee or its agent.

Thomas E. Nye, O.D. \_\_\_\_\_ Date M M / D D / Y Y Y Y  
Signature 0 9 / 1 6 / 2 0 1 0