

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 11 01 2009 through 11 30 2009

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 12 16 2009

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Optometric Association Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		376610.34
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	472754.66									
(c) Total Receipts (from Line 19)	74878.93	803307.59								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	547633.59	1179917.93								
7. Total Disbursements (from Line 31)	166448.75	798733.09								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	381184.84	381184.84								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	43708.50	521733.25
(ii) Unitemized	31137.36	279258.24
(iii) TOTAL (add Lines 11(a)(i) and (ii)	74845.86	800991.49
(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)	74845.86	800991.49
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	33.07	1316.10
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))	74878.93	803307.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	74878.93	803307.59

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1948.75	22923.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1948.75	22923.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	164500.00	757400.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1910.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1910.00
29. Other Disbursements.....	0.00	16500.00
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))..	166448.75	798733.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	166448.75	798733.09

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 114

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)	74845.86	800991.49
34. Total Contribution Refunds (from Line 28(d))	0.00	1910.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	74845.86	799081.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1948.75	22923.09
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1948.75	22923.09

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 114
(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 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
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 9

Transaction ID: 30783071

Amount of Each Receipt this Period
83.35

B.

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

Mailing Address 3 Schindler Drive

City State Zip Code
Succasunna NJ 07876-1183

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 9

Transaction ID: 30783072

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Dr Jennifer H Ong

Mailing Address 583 Whittington Lane

City State Zip Code
Hayward CA 94541-2283

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 ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 9

Transaction ID: 30785907

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **303.35**

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 7 / 114
(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 Kevin Katz

Mailing Address 1205 Pin Oak Drive

City Dickinson State TX Zip Code 77539-3320

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1472.76

Date of Receipt 11 / 03 / 2009

Transaction ID: 30785908

Amount of Each Receipt this Period 163.64

B.

Full Name (Last, First, Middle Initial)
Dr Gregory Willard Hicks

Mailing Address 419 Bogart Road East

City Sandusky State OH Zip Code 44870-6404

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.02

Date of Receipt 11 / 04 / 2009

Transaction ID: 30787918

Amount of Each Receipt this Period 166.67

C.

Full Name (Last, First, Middle Initial)
Dr Paul C Ajamian

Mailing Address 245 Shadowbrook Drive

City Roswell State GA Zip Code 30075-4600

FEC ID number of 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 11 / 04 / 2009

Transaction ID: 30787919

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **580.31**

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 / 114
(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 George Rod Alberhasky		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	4	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	4	/	2	0	0	9													
Mailing Address 2346 Mormon Trek Blvd		Transaction ID: 30787921																				
City Iowa City	State IA	Zip Code 52246-4371																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>250.00</td></tr></table>	250.00																			
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 ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>250.00</td></tr></table>	250.00																				
250.00																						

B.

Full Name (Last, First, Middle Initial) Dr Kyle D McMurray		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	3	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	3	/	2	0	0	9													
Mailing Address 2449 Turkey Red Lane		Transaction ID: 30787942																				
City Bozeman	State MT	Zip Code 59715-9329																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>500.00</td></tr></table>	500.00																			
500.00																						
Name of Employer Self Employed	Occupation Doctor of Optometry																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>500.00</td></tr></table>	500.00																				
500.00																						

C.

Full Name (Last, First, Middle Initial) Dr Bradley David Bearden		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	2	/	2	0	0	9													
Mailing Address 4026 Springland Lane		Transaction ID: 30788368																				
City Bellingham	State WA	Zip Code 98226-6840																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>250.00</td></tr></table>	250.00																			
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 ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>250.00</td></tr></table>	250.00																				
250.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="width: 100%;"><tr><td>1000.00</td></tr></table>	1000.00
1000.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

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

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

FOR LINE NUMBER: PAGE 9 / 114
(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)
Selin Khayatan

Mailing Address 7967 Campion Drive

City State Zip Code
Los Angeles CA 90045-2529

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2009

Transaction ID: 30788371

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Dr Laura L Garcia Holle

Mailing Address 5804 Pecan Valley Ln

City State Zip Code
San Angelo TX 76904-9531

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
11 / 02 / 2009

Transaction ID: 30788375

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr Robert D Newcomb

Mailing Address 7043 Olentangy River Road

City State Zip Code
Columbus OH 43235-2151

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2009

Transaction ID: 30788382

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **980.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 114
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Dr William Donner Mizelle

Mailing Address 102 N Lemans

City State Zip Code
Lafayette LA 70503-4028

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2009

Transaction ID: 30790152

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Robert G Haak

Mailing Address 221 Fairway Rd

City State Zip Code
Paoli PA 19301-2029

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 ▼
225.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2009

Transaction ID: 30790546

Amount of Each Receipt this Period
200.00

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

Mailing Address 50 Cedar Hill Rd

City State Zip Code
Albuquerque NM 87122-1928

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2009

Transaction ID: 30791050

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **765.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 114
(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 Wanda C Batson

Mailing Address 8120 Rock Hill Rd

City State Zip Code
Baker FL 32531-7337

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
416.65

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 9

Transaction ID: 30791051

Amount of Each Receipt this Period

83.33

B.

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

Mailing Address 4535 Nw Aspen St

City State Zip Code
Camas WA 98607-8302

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1666.70

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 9

Transaction ID: 30791053

Amount of Each Receipt this Period

166.67

C.

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

Mailing Address 405 Tirrell Rd

City State Zip Code
Charlotte MI 48813-2131

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 9

Transaction ID: 30791054

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 114
(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 ▼ 458.37

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	9

Transaction ID: 30792747

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 ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	9

Transaction ID: 30792750

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
Dr Paul C Bruderer

Mailing Address 35 Cara Vella Lane

City State Zip Code
Centerville UT 84014-2815

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 ▼ 275.00

Date of Receipt

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

Transaction ID: 30806944

Amount of Each Receipt this Period

25.00

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 13 / 114
(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 James A Cope, IV

Mailing Address 1607 S 2900 E

City State Zip Code
Spanish Fork UT 84660-8903

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 ▼ 220.00

Date of Receipt

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

Transaction ID: 30806946

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)

Dr Brian F Rowley

Mailing Address 619 N 330 W

City State Zip Code
Santaquin UT 84655-5099

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 ▼ 275.00

Date of Receipt

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

Transaction ID: 30806947

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)

Dr Mark A Taylor

Mailing Address 527 E 1500 S

City State Zip Code
Kaysville UT 84037-3032

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

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

Transaction ID: 30806948

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ▶

65.00

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 / 114
(check only one)

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

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

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

A.

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

Mailing Address 61269 Coralburst Dr

City Washington State MI Zip Code 48094-1746

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1840.90

Date of Receipt 11 / 09 / 2009

Transaction ID: 30806949

Amount of Each Receipt this Period 159.09

B.

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

Mailing Address 34 South 590 East

City Salem State UT Zip Code 84653-5519

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt 11 / 09 / 2009

Transaction ID: 30806950

Amount of Each Receipt this Period 45.00

C.

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 ▼ 416.60

Date of Receipt 11 / 09 / 2009

Transaction ID: 30806951

Amount of Each Receipt this Period 41.66

SUBTOTAL of Receipts This Page (optional) ► **245.75**

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 / 114
(check only one)

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

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

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

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

Mailing Address 970 Patrician Court

City State Zip Code
Fairview TX 75069-8781

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2009

Transaction ID: 30806952

Amount of Each Receipt this Period
100.00

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

Mailing Address 5698 Mountain Road

City State Zip Code
Brighton MI 48116-9732

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1180.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2009

Transaction ID: 30806953

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr Jeffrey Lance Weaver

Mailing Address 3662 Boston'S Farm Drive

City State Zip Code
Bridgeton MO 63044-3167

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 ▼ 220.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2009

Transaction ID: 30806954

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ▶ **220.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 114
(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 Deborah A Long

Mailing Address 1115 John Short Rd

City State Zip Code
Fort Mill SC 29707-7633

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 11 / 09 / 2009
Transaction ID: 30810145
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial)
Dr Jeffrey J Becraft

Mailing Address 531 Gettysburg Dr

City State Zip Code
Niles MI 49120-2909

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: 11 / 04 / 2009
Transaction ID: 30810293
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr Stan M Dickerson

Mailing Address 2508 Shangrila Tr

City State Zip Code
Columbia TN 38401-5801

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: 11 / 04 / 2009
Transaction ID: 30810298
Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ► **1015.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 114
(check only one)

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

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) Ms BJ Avery		Date of Receipt MM / DD / YYYY 11 / 10 / 2009
Mailing Address Texas Optometric Assn Inc 1104 West Avenue		Transaction ID: 30811568
City Austin	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Texas Optometric Assn Inc	Occupation Executive Director	Aggregate Year-to-Date 220.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Dr Bronte D Baker		Date of Receipt MM / DD / YYYY 11 / 10 / 2009
Mailing Address 179 Redbird Ridge		Transaction ID: 30811569
City Beeville	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	Aggregate Year-to-Date 550.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Dr Donald W Furman		Date of Receipt MM / DD / YYYY 11 / 10 / 2009
Mailing Address 855 11Th St Place		Transaction ID: 30811570
City Garner	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer Self Employed	Occupation Doctor of Optometry	Aggregate Year-to-Date 495.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	115.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 114
(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 Ronald J Meyer

Mailing Address 37038 60 Rd 496

City State Zip Code
Champion MI 49814

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

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

Transaction ID: 30811572

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
Dr Scott Burns Taylor

Mailing Address 724 Broadway Circle

City State Zip Code
Salmon ID 83467-3556

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 ▼ 220.00

Date of Receipt

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

Transaction ID: 30811574

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)
Dr Jason K Dickerson

Mailing Address 2581 Bridlewood Drive

City State Zip Code
Helena AL 35080-3916

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 ▼ 462.00

Date of Receipt

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

Transaction ID: 30811575

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional) ▶

112.00

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

--

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 114
(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 Paul D Batson

Mailing Address 5323 Whisper Wood Drive

City Birmingham State AL Zip Code 35226-1092

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 10 / 2009

Transaction ID: 30811577

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Dr Terry H Berner

Mailing Address 8210 Top Of The World Drive

City Salt Lake City State UT Zip Code 84121-6060

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 10 / 2009

Transaction ID: 30811578

Amount of Each Receipt this Period 42.00

C.

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

Mailing Address 4550 Simpson Hwy 28 W

City Magee State MS Zip Code 39111-5187

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 990.00

Date of Receipt 11 / 10 / 2009

Transaction ID: 30811579

Amount of Each Receipt this Period 90.00

SUBTOTAL of Receipts This Page (optional) ► **182.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 114
(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 Shelby D Robinson	Date of Receipt MM / DD / YYYY 11 / 10 / 2009
	Mailing Address 3939 62Nd Ave E	Transaction ID: 30811580
	City State Zip Code Fife WA 98424-2377	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry	Aggregate Year-to-Date 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Dr Gilbert E Pierce	Date of Receipt MM / DD / YYYY 11 / 10 / 2009
	Mailing Address 8639 Olenbrook Drive	Transaction ID: 30811582
	City State Zip Code Lewis Center OH 43035-8702	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry	Aggregate Year-to-Date 470.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Dr Stacie Layne Virden	Date of Receipt MM / DD / YYYY 11 / 10 / 2009
	Mailing Address 2432 Lake Air Drive	Transaction ID: 30811583
	City State Zip Code Waco TX 76710-1611	Amount of Each Receipt this Period 84.09
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry	Aggregate Year-to-Date 831.81	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	149.09
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 21 / 114
(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 John S Bowen

Mailing Address 2570 Northshore Blvd Ste 200

City State Zip Code
Flower Mound TX 75028-8386

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
11 / 10 / 2009

Transaction ID: 30811584

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Dr Lisa C Bowen

Mailing Address 1813 Shadywood Lane

City State Zip Code
Flower Mound TX 75028-4287

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
11 / 10 / 2009

Transaction ID: 30811585

Amount of Each Receipt this Period
100.00

C.

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 ▼
416.70

Date of Receipt
MM / DD / YYYY
11 / 10 / 2009

Transaction ID: 30811586

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional) ► **241.67**

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 / 114
(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 Steve N Nguyen

Mailing Address 7417 Primrose Dr

City Irving State TX Zip Code 75063-5507

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

Name of Employer Self Employed Occupation Doctor of Optometry

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

Date of Receipt 11 / 10 / 2009
Transaction ID: 30811587
Amount of Each Receipt this Period 250.00

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

Mailing Address 11700 Northview Dr

City Alledo State TX Zip Code 76008-5223

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 908.26

Date of Receipt 11 / 10 / 2009
Transaction ID: 30811589
Amount of Each Receipt this Period 91.66

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

Mailing Address 6306 Buchanan St

City Fort Collins State CO Zip Code 80525-5810

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

Name of Employer Self Employed Occupation Doctor of Optometry

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

Date of Receipt 11 / 10 / 2009
Transaction ID: 30811590
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 391.66

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 23 / 114
(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 ▼ 1833.37

Date of Receipt 11 / 10 / 2009

Transaction ID: 30811591

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 ▼ 916.63

Date of Receipt 11 / 10 / 2009

Transaction ID: 30811592

Amount of Each Receipt this Period 83.33

C.

Full Name (Last, First, Middle Initial)
Dr Lon D Cartwright

Mailing Address 3027 Winslow

City Houston State TX Zip Code 77025-2638

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 ▼ 500.00

Date of Receipt 11 / 09 / 2009

Transaction ID: 30811988

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 114
(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 Michael D Ackermann

Mailing Address 1012 M 6Th St

City State Zip Code
Lake City MN 55041

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
11 / 09 / 2009

Transaction ID: 30811999

Amount of Each Receipt this Period
500.00

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2009

Transaction ID: 30812175

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 6436 Spotted Fawn Run

City State Zip Code
Littleton CO 80125-9055

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
11 / 11 / 2009

Transaction ID: 30819728

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

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

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

FOR LINE NUMBER: PAGE 25 / 114
(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 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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 458.26

Date of Receipt

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

Transaction ID: 30819729

Amount of Each Receipt this Period

41.66

B.

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

Mailing Address 15901 Tahoe Dr

City State Zip Code
Houston TX 77040-1243

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

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

Transaction ID: 30819730

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Dr Paul Schroeder

Mailing Address 616 12Th Street Sw

City State Zip Code
Le Mars IA 51031-2265

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 ▼ 218.00

Date of Receipt

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

Transaction ID: 30819731

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

166.66

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 26 / 114
(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 Russell Yoshito Hosaka

Mailing Address 22809 Hawthorne Blvd

City State Zip Code
Torrance CA 90505-3615

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

Transaction ID: 30819732

Amount of Each Receipt this Period
125.00

B. 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 ▼ 924.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 9

Transaction ID: 30821406

Amount of Each Receipt this Period
84.00

C. Full Name (Last, First, Middle Initial)
Dr Robert D O'Connell

Mailing Address Box 3187

City State Zip Code
Kenai AK 99611-3187

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

Transaction ID: 30821407

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 259.00

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 / 114
(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 Dennis A Swarner

Mailing Address Box 1669

City State Zip Code
Kenai AK 99611-7744

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 924.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2009

Transaction ID: 30821408

Amount of Each Receipt this Period
84.00

B. Full Name (Last, First, Middle Initial)
Dr Randall R Johnson

Mailing Address 105 South Rose Hill Dr

City State Zip Code
Long Grove IA 52756-9753

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 ▼ 220.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2009

Transaction ID: 30821409

Amount of Each Receipt this Period
20.00

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

Mailing Address 118 Whitehall Court

City State Zip Code
Grayslake IL 60030-3492

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt
MM / DD / YYYY
11 / 12 / 2009

Transaction ID: 30821410

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **204.00**

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 / 114
(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 Sheryl A Lentfer

Mailing Address 1345 West 9Th Avenue

City State Zip Code
Anchorage AK 99501-3236

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 924.00

Date of Receipt

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

Transaction ID: 30821411

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)
Dr Melissa L Binder

Mailing Address 16 Walden Place Ct

City State Zip Code
Elgin SC 29045-8208

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

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

Transaction ID: 30826937

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr Steven Lemar Seward

Mailing Address 1512 Spring Cress Road

City State Zip Code
Fort Wayne IN 46814-9347

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

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

Transaction ID: 30826940

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

584.00

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 / 114
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Terry L Williams

Mailing Address 114 Leatherwood Dr

City State Zip Code
Moundsville WV 26041-1017

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2009

Transaction ID: 30826943

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr Jeffrey Lee Whittington

Mailing Address 25 Seneca Hills

City State Zip Code
Elkview WV 25071-9316

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
11 / 09 / 2009

Transaction ID: 30826945

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 1602 Wildwood St Sw

City State Zip Code
Cullman AL 35055-4555

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
11 / 13 / 2009

Transaction ID: 30828455

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 30 / 114
(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 Jeffrey David Hill

Mailing Address 126 Trey Moor 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 ▼ 550.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2009

Transaction ID: 30828456

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Dr Sarah Gordon Miehle

Mailing Address 252 Inverness Center Dr

City State Zip Code
Birmingham AL 35242-4834

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
11 / 13 / 2009

Transaction ID: 30828457

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Dr Brenden R White

Mailing Address 864 E Ranch Circle

City State Zip Code
Draper UT 84020-9011

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 ▼ 275.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2009

Transaction ID: 30828458

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

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

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

FOR LINE NUMBER: PAGE 31 / 114
(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 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 ▼ 208.30

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: 30828459

Amount of Each Receipt this Period
41.66

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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 383.28

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: 30828460

Amount of Each Receipt this Period
38.88

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 ▼ 825.74

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: 30828461

Amount of Each Receipt this Period
87.12

SUBTOTAL of Receipts This Page (optional) ► **167.66**

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 32 / 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr William Joseph Steiner

Mailing Address 626 Linden Avenue

City State Zip Code
Los Altos CA 94022-1627

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
11 / 12 / 2009

Transaction ID: 30853903

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Lauri L Anderwald

Mailing Address 1213 Estrellas

City State Zip Code
Keller TX 76248-5711

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
11 / 12 / 2009

Transaction ID: 30853914

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Alan L Kimpton

Mailing Address 406 Nw 162Nd St

City State Zip Code
Seattle WA 98177-3730

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
11 / 12 / 2009

Transaction ID: 30853915

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 33 / 114
(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 Clayton B Rhodes

Mailing Address 5828 North Park Road

City State Zip Code
Hixson TN 37343-4619

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
11 / 12 / 2009

Transaction ID: 30853916

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Teresa L Carlson

Mailing Address 6607 South Forest Way D

City State Zip Code
Centennial CO 80121-3566

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
11 / 12 / 2009

Transaction ID: 30853917

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Joseph D Schwallie

Mailing Address 2457 Gradwohl Rd

City State Zip Code
Toledo OH 43617-1806

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
11 / 12 / 2009

Transaction ID: 30853919

Amount of Each Receipt this Period
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 34 / 114
(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 Anne K Matsushima
Mailing Address 654 12Th Avenue
City Honolulu State HI Zip Code 96816-2201
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 12 / 2009
Transaction ID: 30853922
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr Timothy E Elczyn
Mailing Address 816 Miller Cv
City Benton State AR Zip Code 72019-6102
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 11 / 12 / 2009
Transaction ID: 30853924
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr Dick Edwards
Mailing Address 11305 Oakmont Court
City Fort Myers State FL Zip Code 33908-2821
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 12 / 2009
Transaction ID: 30853926
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 35 / 114
(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 Elliott M Rosengarten

Mailing Address 7135 Shefford Lane

City State Zip Code
Louisville KY 40242-2854

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt
MM / DD / YYYY
11 / 14 / 2009

Transaction ID: 30855907

Amount of Each Receipt this Period
250.00

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

Mailing Address 5960 Co Rd 19

City State Zip Code
Linden AL 36748

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 ▼ 1100.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2009

Transaction ID: 30855908

Amount of Each Receipt this Period
100.00

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

Mailing Address 1346 Heller Drive

City State Zip Code
Yardley PA 19067-2714

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 ▼ 666.70

Date of Receipt
MM / DD / YYYY
11 / 14 / 2009

Transaction ID: 30855909

Amount of Each Receipt this Period
66.67

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 114
(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 Kimberly D Ocampo

Mailing Address 1011 Grant St Se

City State Zip Code
Decatur AL 35601-3127

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) ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 9

Transaction ID: 30855912

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
Dr Heath B Gilbert

Mailing Address 5536 Laureldale Rd

City State Zip Code
Dayton OH 45429-2024

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
1 1 / 1 4 / 2 0 0 9

Transaction ID: 30855913

Amount of Each Receipt this Period

91.25

C.

Full Name (Last, First, Middle Initial)
Dr Arlene T. H. Sokola

Mailing Address 213 Summer Winds Dr Se

City State Zip Code
Rio Rancho NM 87124

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
1 1 / 1 5 / 2 0 0 9

Transaction ID: 30857157

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

166.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 114
(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 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
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 30857158

Amount of Each Receipt this Period
125.00

B.

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 ▼ 462.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 30857159

Amount of Each Receipt this Period
42.00

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1696.99

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 30857160

Amount of Each Receipt this Period
303.04

SUBTOTAL of Receipts This Page (optional) ► **470.04**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 114
(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 Larry C Wallis

Mailing Address 20 Kentshire Court

City Greenville State DE Zip Code 19807-2583

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 15 / 2009

Transaction ID: 30857161

Amount of Each Receipt this Period 125.00

B.

Full Name (Last, First, Middle Initial)
Dr Bruce L Manning

Mailing Address 487 Whitebark Circle

City Wadsworth State OH Zip Code 44281-2299

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 341.00

Date of Receipt 11 / 16 / 2009

Transaction ID: 30857166

Amount of Each Receipt this Period 31.00

C.

Full Name (Last, First, Middle Initial)
Dr Joel T Postma

Mailing Address 8806 53Rd Street Court W

City University Pl State WA Zip Code 98467-1748

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 10 / 2009

Transaction ID: 30857679

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **406.00**

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 39 / 114
(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 David H George

Mailing Address 4371 E Chatham Dr

City State Zip Code
Port Clinton OH 43452-2900

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2009

Transaction ID: 30857682

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr John Michael Burke

Mailing Address 253 Orchard Park Dr

City State Zip Code
Advance NC 27006-7481

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
11 / 10 / 2009

Transaction ID: 30857684

Amount of Each Receipt this Period
500.00

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 ▼
365.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2009

Transaction ID: 30857690

Amount of Each Receipt this Period
365.00

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

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

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

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

FOR LINE NUMBER: PAGE 40 / 114
(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 Hilaire A Pressley
Mailing Address 4596 Treto Avenue
City Las Vegas State NV Zip Code 89141-4283
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 11 / 10 / 2009
Transaction ID: 30857692
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Dr Kathryn A Beckman
Mailing Address 765 W Turner Rd
City Lodi State CA Zip Code 95242-9646
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 11 / 10 / 2009
Transaction ID: 30857694
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr Michael T Kolarik
Mailing Address 2029 Chilhowee Loop
City Walland State TN Zip Code 37886-3130
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 11 / 10 / 2009
Transaction ID: 30857703
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 700.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 114
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr William P Breen

Mailing Address 5788 South Laredo Ct

City State Zip Code
Centennial CO 80015-4032

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: 30857704

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr Steven J Keith

Mailing Address 214 Morning Mist Way

City State Zip Code
Woodstock GA 30189-8193

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: 30857711

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr Timothy G Koop

Mailing Address 4912 Bluff Run Drive

City State Zip Code
Greensboro NC 27455-2200

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
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 30857910

Amount of Each Receipt this Period
50.00

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

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

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

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

FOR LINE NUMBER: PAGE 42 / 114
(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 Randall N Reichle

Mailing Address 1818 Stacy Fall

City State Zip Code
Houston TX 77008

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 ▼ 833.30

Date of Receipt 11 / 17 / 2009
Transaction ID: 30857911
Amount of Each Receipt this Period 83.33

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 17 / 2009
Transaction ID: 30857912
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 Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 17 / 2009
Transaction ID: 30857913
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 183.33

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

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

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

FOR LINE NUMBER: PAGE 43 / 114
(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 Mark Edward Winston

Mailing Address 9610 Melvin Ave

City Nothridge State CA Zip Code 91324-3001

FEC ID number of 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 11 / 17 / 2009

Transaction ID: 30857914

Amount of Each Receipt this Period 41.66

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

Mailing Address 3537 New Castle Dr Se

City Rio Rancho State NM Zip Code 87124-3672

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 17 / 2009

Transaction ID: 30857915

Amount of Each Receipt this Period 200.00

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

Mailing Address 3537 Newcastle Dr Se

City Rio Rancho State NM Zip Code 87124-3672

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 17 / 2009

Transaction ID: 30857916

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► **341.66**

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 44 / 114
(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 Ihor N Fedoriw

Mailing Address 4134 Cambridge Court

City State Zip Code
Schnecksville PA 18078-3506

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: 30858563

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Jonathan Kaplan

Mailing Address 60 Scarborough Road

City State Zip Code
Cumberland RI 02864-3481

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
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: 30858580

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Dr Russell R Auclair

Mailing Address 18 Maureen Dr

City State Zip Code
Smithfield RI 02917-2327

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 ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: 30858581

Amount of Each Receipt this Period
125.00

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

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

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

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

FOR LINE NUMBER: PAGE 45 / 114
(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 John E Orlando

Mailing Address 34 Chaffee Street

City State Zip Code
Rumford RI 02916-1926

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 ▼ 290.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: 30858583

Amount of Each Receipt this Period
175.00

B. Full Name (Last, First, Middle Initial)
Dr Dan A Nielsen

Mailing Address 110 E Rogers

City State Zip Code
Salem IL 62881-2901

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: 30859015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr David E Palozej

Mailing Address 42 Edgewood Street

City State Zip Code
Stafford Spgs CT 06076-1210

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: 30859018

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1425.00**

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

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

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

FOR LINE NUMBER: PAGE 46 / 114
(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 Debra Lee Stoenner
Mailing Address Box 8
City Hayden Lake State ID Zip Code 83835-0008
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00
Date of Receipt 11 / 13 / 2009
Transaction ID: 30859020
Amount of Each Receipt this Period 750.00

B. Full Name (Last, First, Middle Initial)
Dr Lynne Elaine Pierce
Mailing Address 1399 County Line Rd
City York Springs State PA Zip Code 17372-9021
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00
Date of Receipt 11 / 13 / 2009
Transaction ID: 30859022
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Dr Russell T Simmons
Mailing Address 2925 Hot Springs Highway
City Benton State AR Zip Code 72019-1894
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 13 / 2009
Transaction ID: 30859025
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1615.00
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 / 114
 (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 Richard N Randolph

Mailing Address 1806 Nash St N

City State Zip Code
Wilson NC 27893-1725

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 3 / 2 0 0 9

Transaction ID: 30859029

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 State Zip Code
New London NH 03257-0302

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1826.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 3 / 2 0 0 9

Transaction ID: 30859036

Amount of Each Receipt this Period
166.00

C. Full Name (Last, First, Middle Initial)
Dr David M Eads

Mailing Address 314 College Street

City State Zip Code
Somerset KY 42501-1312

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 3 / 2 0 0 9

Transaction ID: 30859037

Amount of Each Receipt this Period
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 48 / 114
(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 James C Falconer, Jr
Mailing Address 3421 Kachemak Circle
City Anchorage State AK Zip Code 99515-2380
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 924.00
Date of Receipt 11 / 18 / 2009
Transaction ID: 30865375
Amount of Each Receipt this Period 84.00

B. Full Name (Last, First, Middle Initial)
Dr Linda M Yee
Mailing Address 48277 Hackeberry Street
City Fremont State CA Zip Code 94539-7616
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00
Date of Receipt 11 / 18 / 2009
Transaction ID: 30865378
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Dr Patrick N Reber
Mailing Address 9650 Etolin Circle
City Eagle River State AK Zip Code 99577-8787
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 667.95
Date of Receipt 11 / 18 / 2009
Transaction ID: 30865379
Amount of Each Receipt this Period 55.55

SUBTOTAL of Receipts This Page (optional) ► 164.55
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 / 114
(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 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: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

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

Transaction ID: 30865380

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)

Dr Robert J Blumthal

Mailing Address 119 Exmore Drive

City State Zip Code
Springfield IL 62704-3137

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) ▼ 2262.06

Date of Receipt

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

Transaction ID: 30865381

Amount of Each Receipt this Period
238.11

C.

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: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 909.00

Date of Receipt

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

Transaction ID: 30878037

Amount of Each Receipt this Period
90.90

SUBTOTAL of Receipts This Page (optional) ►

359.01

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 / 114
(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 Mitchell Todd Munson

Mailing Address 9940 S Ashleigh Way

City Highlands Ranch State CO Zip Code 80126-4244

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1818.10

Date of Receipt 11 / 19 / 2009
Transaction ID: 30878038
Amount of Each Receipt this Period 181.81

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

Mailing Address 120 W Vuelta Friso

City Sahuarita State AZ Zip Code 85629-8672

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 19 / 2009
Transaction ID: 30878039
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Dr Darla S Barrow

Mailing Address 2864 Cave Springs Rd

City Auburn State KY Zip Code 42206-9713

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2009
Transaction ID: 30878040
Amount of Each Receipt this Period 62.50

SUBTOTAL of Receipts This Page (optional) ► 294.31

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 / 114
(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 Ronald Lee Hopping

Mailing Address 1801 Creekside Dr

City Friendswood State TX Zip Code 77546-7821

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1818.20

Date of Receipt: 11 / 19 / 2009
Transaction ID: 30878041
Amount of Each Receipt this Period: 181.82

B. Full Name (Last, First, Middle Initial)
Dr Desiree Tyler Hopping

Mailing Address 1801 Creekside Dr

City Friendswood State TX Zip Code 77546-7821

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1818.20

Date of Receipt: 11 / 19 / 2009
Transaction ID: 30878042
Amount of Each Receipt this Period: 181.82

C. Full Name (Last, First, Middle Initial)
Dr Robert F Brooks

Mailing Address 452 Bluebird Dr

City Russell State KY Zip Code 41169-1570

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 11 / 19 / 2009
Transaction ID: 30878043
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► **413.64**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 114
(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 Lynn A Davis

Mailing Address 1424 Tiffany Lane Se

City State Zip Code
Rio Rancho NM 87124-0976

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 ▼ 833.39

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 9

Transaction ID: 30878044

Amount of Each Receipt this Period
83.34

B.

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

Mailing Address 5421 95Th Ave Ct West

City State Zip Code
University Pl 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 ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 9

Transaction ID: 30878045

Amount of Each Receipt this Period
42.00

C.

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

Mailing Address 7728 Mid-Cities Blvd

City State Zip Code
North Richland Hil TX 76180-4621

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 ▼ 833.30

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 9

Transaction ID: 30878046

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **208.67**

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 53 / 114

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Dr William J Lindahl

Mailing Address 30624 Lyndon

City State Zip Code
Livonia MI 48154-4349

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 30884198

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Dr Victor A Richardson

Mailing Address 230 Farmington Avenue

City State Zip Code
Farmington CT 06032-1916

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 Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 30884199

Amount of Each Receipt this Period
365.00

C.

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 30884202

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 114
(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 Diane Cowger
Mailing Address 460 Silver Oaks Drive
City Harrisonburg State VA Zip Code 22801-3579
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 17 / 2009
Transaction ID: 30884203
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr Jeffery D La Plume
Mailing Address 1492 El Tair Trail
City Clearwater State FL Zip Code 33765-1813
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 11 / 17 / 2009
Transaction ID: 30884207
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Garett M Wise
Mailing Address 1400 Horry Road
City Aynor State SC Zip Code 29511-4942
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00
Date of Receipt 11 / 16 / 2009
Transaction ID: 30884260
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1115.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 55 / 114
(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 Dale L Tosland

Mailing Address 2328 Cedar Park Loop Se

City Olympia State WA Zip Code 98501-4374

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 11 / 16 / 2009
Transaction ID: 30884262
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Dr Troy L Smith

Mailing Address 1908 Canyon Rd
P O Box 969

City Alva State OK Zip Code 73717-1712

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 16 / 2009
Transaction ID: 30884270
Amount of Each Receipt this Period 250.00

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

Mailing Address 2116 Wildwood Court

City Fullerton State CA Zip Code 92831-1339

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 20 / 2009
Transaction ID: 30884328
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 665.00

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 56 / 114
(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 Edwin Y Endo

Mailing Address 98828 Hiliu Pl

City State Zip Code
Aiea HI 96701-2785

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

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

Transaction ID: 30884329

Amount of Each Receipt this Period

41.66

B.

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

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

Transaction ID: 30884331

Amount of Each Receipt this Period

250.00

C.

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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 827.24

Date of Receipt

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

Transaction ID: 30884332

Amount of Each Receipt this Period

86.36

SUBTOTAL of Receipts This Page (optional)

378.02

TOTAL This Period (last page this line number only)

--

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

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

FOR LINE NUMBER: PAGE 57 / 114
(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 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 0 9

Transaction ID: 30884333

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Dr Matthew J Maki

Mailing Address 372 Split Rail Ridge

City State Zip Code
Williamston MI 48895-1668

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 ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 0 9

Transaction ID: 30884334

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
Dr William H Bedwell

Mailing Address 207 Michael Drive

City State Zip Code
Robinson IL 62454-2511

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 9

Transaction ID: 30884429

Amount of Each Receipt this Period
300.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 114
	<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 Montgomery Vickers		Date of Receipt
	Mailing Address 94 Gladewood Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 17 / 2009
	City	State	Zip Code
	Hurricane	WV	25526-9270
	FEC ID number of contributing federal political committee. C		Transaction ID: 30884435
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

B.	Full Name (Last, First, Middle Initial) Dr Brian L Starr		Date of Receipt
	Mailing Address 130 Dartmouth Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 17 / 2009
	City	State	Zip Code
	Lexington	OH	44904-9342
	FEC ID number of contributing federal political committee. C		Transaction ID: 30884436
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"/> 365.00

C.	Full Name (Last, First, Middle Initial) Dr Edward Melman		Date of Receipt
	Mailing Address 425 Barby Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 17 / 2009
	City	State	Zip Code
	Cherry Hill	NJ	08003-3447
	FEC ID number of contributing federal political committee. C		Transaction ID: 30884437
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 915.00
TOTAL 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 59 / 114
(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 Gerald D Furnari		Date of Receipt MM / DD / YYYY 11 / 17 / 2009
Mailing Address 948 North Krome Avenue		Transaction ID: 30884440
City Homestead	State FL	Zip Code 33030-4409
FEC ID number of contributing federal political committee. C		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.

Full Name (Last, First, Middle Initial) Dr Troy S Hockemeyer		Date of Receipt MM / DD / YYYY 11 / 17 / 2009
Mailing Address 5515 Monroeville Rd		Transaction ID: 30884453
City Fort Wayne	State IN	Zip Code 46816-9405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr George W Payne, Jr		Date of Receipt MM / DD / YYYY 11 / 17 / 2009
Mailing Address 104 Dogwood		Transaction ID: 30884456
City Levelland	State TX	Zip Code 79336-6808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 182.50
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 ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	▶	523.75
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 60 / 114
(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 Tom W Clyde

Mailing Address 3202 Muirfield Dr

City State Zip Code
Colorado Spgs CO 80907-7805

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
11 / 17 / 2009

Transaction ID: 30884462

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Robert Neal Williams, Jr

Mailing Address 1109 Links Road

City State Zip Code
Myrtle Beach SC 29575-5879

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
11 / 17 / 2009

Transaction ID: 30884511

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr William W Hatley

Mailing Address 23560 E Moraine Place

City State Zip Code
Aurora CO 80016-7039

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
11 / 22 / 2009

Transaction ID: 30885207

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 114
(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 Kristie J Bennett

Mailing Address 1251 Cumberland Rd Ne

City Atlanta State GA Zip Code 30306-2219

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

Name of Employer Atlanta Ophthalmology Associates Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 22 / 2009

Transaction ID: 30885215

Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
Dr Dirk Michael Beyer

Mailing Address 709 South 5Th St

City Hamilton State MT Zip Code 59840-2755

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 23 / 2009

Transaction ID: 30885218

Amount of Each Receipt this Period 50.00

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

Mailing Address 114 Crested Peak

City Santa Teresa State NM Zip Code 88008-9423

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 913.60

Date of Receipt 11 / 23 / 2009

Transaction ID: 30885219

Amount of Each Receipt this Period 86.36

SUBTOTAL of Receipts This Page (optional) ► 161.36

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 62 / 114
(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 Kevin L Gee		Date of Receipt MM / DD / YYYY 11 / 23 / 2009
	Mailing Address Po Box 18075 Gee Eye Care		Transaction ID: 30885220
	City Sugar Land	State TX	Zip Code 77496-8075
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.91
	Name of Employer Self Employed	Occupation Doctor of Optometry	Aggregate Year-to-Date 909.10

B.	Full Name (Last, First, Middle Initial) Dr Larry D Gunnell		Date of Receipt MM / DD / YYYY 11 / 23 / 2009
	Mailing Address #7 Brenna Dr		Transaction ID: 30885221
	City Wichita Falls	State TX	Zip Code 76302-2506
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
	Name of Employer Self Employed	Occupation Doctor of Optometry	Aggregate Year-to-Date 833.30

C.	Full Name (Last, First, Middle Initial) Dr Christy Lynn Warford		Date of Receipt MM / DD / YYYY 11 / 23 / 2009
	Mailing Address 3601 Lareforma		Transaction ID: 30885222
	City Baytown	State TX	Zip Code 77521-9175
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
	Name of Employer Self Employed	Occupation Doctor of Optometry	Aggregate Year-to-Date 833.40

SUBTOTAL of Receipts This Page (optional)	257.58
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 63 / 114
(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 Mario A Caballero

Mailing Address 1080 Loma De Alma

City State Zip Code
El Paso TX 79934

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 ▼ 909.10

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: 30885223

Amount of Each Receipt this Period
90.91

B. Full Name (Last, First, Middle Initial)
Dr Lillian T Kalaczinski

Mailing Address 2218 Beatrice Dr Ne

City State Zip Code
Grand Rapids MI 49505-3947

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 ▼ 257.16

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: 30885224

Amount of Each Receipt this Period
42.86

C. Full Name (Last, First, Middle Initial)
Dr Steven K Cox

Mailing Address 4 Cypress Circle

City State Zip Code
Uvalde TX 78801-6806

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 0 9

Transaction ID: 30885433

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **383.77**

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

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

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

FOR LINE NUMBER: PAGE 64 / 114
(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 Virginia F Sosa

Mailing Address #4 Cypress Circle

City Uvalde State TX Zip Code 78801-6806

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2009
Transaction ID: 30885434
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr Charles Richard Gilliam

Mailing Address 1618 Lazy Lane

City High Point State NC Zip Code 27265-2491

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2009
Transaction ID: 30885435
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr Gary Keith Bockhold

Mailing Address 7416 South Serenoa Drive

City Sarasota State FL Zip Code 34241-9137

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 20 / 2009
Transaction ID: 30885438
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 65 / 114
(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 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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2009

Transaction ID: 30885441

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Craig G. Hoover

Mailing Address 700 Friendship Way #203

City State Zip Code
Culpeper VA 22701-4337

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
11 / 20 / 2009

Transaction ID: 30885445

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Tom A Hyde

Mailing Address 1414 Darbee Dr

City State Zip Code
Morristown TN 37814-3323

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
11 / 20 / 2009

Transaction ID: 30885446

Amount of Each Receipt this Period
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 66 / 114
(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 Mark P Smith

Mailing Address 109 Harper Street

City State Zip Code
Brookhaven MS 39601-2133

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
11 / 19 / 2009

Transaction ID: 30888089

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Carmen Frank Castellano

Mailing Address 631 Carman Meadows Drive

City State Zip Code
Manchester MO 63021-8013

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
11 / 19 / 2009

Transaction ID: 30888097

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Michael J. Cohn

Mailing Address 47 Wayside Rd

City State Zip Code
Westborough MA 01581-3622

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
11 / 19 / 2009

Transaction ID: 30888103

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 114
(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 Carl J Roth, III

Mailing Address 1048 Alderson Avenue

City State Zip Code
Billings MT 59102-4216

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

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: 30889608

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)
Dr Jennifer E Davis

Mailing Address 16 Pambrook Dr

City State Zip Code
Fishersville VA 22939-2123

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: 30889609

Amount of Each Receipt this Period

45.00

C.

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

Mailing Address 5830 N. Circuit

City State Zip Code
Beaumont TX 77706-4428

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1818.20

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: 30889611

Amount of Each Receipt this Period

181.82

SUBTOTAL of Receipts This Page (optional)

256.82

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 68 / 114
(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 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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: 30889612

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)
Dr Pamela A Lowe

Mailing Address 6835 Concord Lane

City State Zip Code
Niles IL 60714-4431

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: 30889613

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Dr Martin H Carroll

Mailing Address 3700 Essex Road

City State Zip Code
Cheyenne WY 82001-1641

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: 30889615

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

242.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 114
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr Thomas Matthew Bobst

Mailing Address 21285 Avalon Drive

City State Zip Code
Rocky River OH 44116-1121

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: 30889616

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Ted A Mc Elroy

Mailing Address 2812 Ridge Avenue North

City State Zip Code
Tifton GA 31794-1327

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: 30889617

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr Diane E Reddin

Mailing Address P O Box 66

City State Zip Code
Crawford CO 81415-0066

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
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: 30889618

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 114
(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 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 ▼ 935.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: 30895368

Amount of Each Receipt this Period
85.00

B.

Full Name (Last, First, Middle Initial)
Dr Neha Amin

Mailing Address 22220 N 37th Way

City State Zip Code
Phoenix AZ 85050-8344

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 ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: 30907633

Amount of Each Receipt this Period
350.00

C.

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 ▼ 282.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 5 / 2 0 0 9

Transaction ID: 30916491

Amount of Each Receipt this Period
91.25

SUBTOTAL of Receipts This Page (optional) ► **526.25**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 114
(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 Margarete R Recalde

Mailing Address 716 Magnolia Ave

City State Zip Code
Clovis CA 93611-6269

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 5 / 2 0 0 9

Transaction ID: 30918279

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)
Dr Alice Sterling

Mailing Address 5727 Canton Cove #111

City State Zip Code
Winter Springs FL 32708-5033

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 ▼ 245.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 5 / 2 0 0 9

Transaction ID: 30918316

Amount of Each Receipt this Period

200.00

C.

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

Mailing Address 1723 Carriage Hill Ct

City State Zip Code
Dubuque IA 52003-8584

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 ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 9

Transaction ID: 30918321

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

585.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 114
(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 Jonathan Toso

Mailing Address 1101 Angel Ln

City State Zip Code
Canton SD 57013-2634

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 9

Transaction ID: 30918322

Amount of Each Receipt this Period
20.00

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 ▼ 2200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 30918364

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr Curtis A Ono

Mailing Address 822 W Barrett

City State Zip Code
Seattle WA 98119-1829

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 ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 30918365

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **240.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 114
(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 Todd M Hamilton

Mailing Address 278 Falmouth Road

City State Zip Code
Windham ME 04062-4815

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) ▼ 366.63

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 30918366

Amount of Each Receipt this Period

33.33

B.

Full Name (Last, First, Middle Initial)
Dr Blaine A Littlefield

Mailing Address 27 Wilderness Drive

City State Zip Code
Freeport ME 04032-5824

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) ▼ 366.63

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 30918367

Amount of Each Receipt this Period

33.33

C.

Full Name (Last, First, Middle Initial)
Dr Michelle A Broderick

Mailing Address 7 Broad Sound Ln

City State Zip Code
Freeport ME 04032-6297

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) ▼ 366.74

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 30918368

Amount of Each Receipt this Period

33.34

SUBTOTAL of Receipts This Page (optional)

100.00

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 74 / 114
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Dr Steven C Ezzell

Mailing Address 649 Mathew Ct

City State Zip Code
Abilene TX 79602-5246

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) ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 30918369

Amount of Each Receipt this Period

100.00

B.

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 30918370

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Rodney D Fair

Mailing Address 1169 Coneflower Way

City State Zip Code
Brighton CO 80601-6785

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 30918371

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 114
(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 Beth A Kneib

Mailing Address 602 Nw 163Rd St

City Shoreline State WA Zip Code 98177-3727

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 458.26

Date of Receipt 11 / 28 / 2009

Transaction ID: 30918407

Amount of Each Receipt this Period 41.66

B.

Full Name (Last, First, Middle Initial)
Dr Trevor J Cleveland

Mailing Address 1610 Wilson Court

City Eugene State OR Zip Code 97402-3361

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2009

Transaction ID: 30918408

Amount of Each Receipt this Period 50.00

C.

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

Mailing Address 789 N Broad

City Galesburg State IL Zip Code 61401-2766

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1925.00

Date of Receipt 11 / 28 / 2009

Transaction ID: 30918409

Amount of Each Receipt this Period 175.00

SUBTOTAL of Receipts This Page (optional) ► 266.66

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 76 / 114
(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 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: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1833.26

Date of Receipt

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

Transaction ID: 30918410

Amount of Each Receipt this Period

166.66

B.

Full Name (Last, First, Middle Initial)
Dr William R Burges

Mailing Address 988 Cr 477

City State Zip Code
Castroville TX 78009

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) ▼ 833.40

Date of Receipt

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

Transaction ID: 30918411

Amount of Each Receipt this Period

83.34

C.

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: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

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

Transaction ID: 30918412

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 114
(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 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 ▼
1833.37

Date of Receipt
MM / DD / YYYY
11 / 28 / 2009

Transaction ID: 30918413

Amount of Each Receipt this Period
166.67

B.

Full Name (Last, First, Middle Initial)
Dr Albert S Licup

Mailing Address 226 S Harvey Ave

City State Zip Code
Oak Park IL 60302-2579

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 ▼
458.37

Date of Receipt
MM / DD / YYYY
11 / 28 / 2009

Transaction ID: 30918414

Amount of Each Receipt this Period
41.67

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 ▼
550.00

Date of Receipt
MM / DD / YYYY
11 / 28 / 2009

Transaction ID: 30918415

Amount of Each Receipt this Period
50.00

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 78 / 114
(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 Jacqueline M Bowen

Mailing Address 3930 W 19Th St Ln

City State Zip Code
Greeley CO 80634-3446

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
11 / 28 / 2009

Transaction ID: 30918416

Amount of Each Receipt this Period
50.00

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 ▼ 875.00

Date of Receipt
MM / DD / YYYY
11 / 28 / 2009

Transaction ID: 30918417

Amount of Each Receipt this Period
125.00

C. 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 ▼ 550.00

Date of Receipt
MM / DD / YYYY
11 / 28 / 2009

Transaction ID: 30918418

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **225.00**

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

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

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

FOR LINE NUMBER: PAGE 79 / 114
(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 Jeffrey J Kenyon

Mailing Address 5098 Ravine Drive

City Middleville State MI Zip Code 49333-8482

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt 11 / 28 / 2009

Transaction ID: 30918419

Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Dr Robert J Fleckenstein

Mailing Address 1830 Rebel Ridge

City Anchorage State AK Zip Code 99504-2900

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 11 / 28 / 2009

Transaction ID: 30918420

Amount of Each Receipt this Period 85.00

C. Full Name (Last, First, Middle Initial)
Dr Lindsey M Clyde

Mailing Address 3030 N Hayden

City Scottsdale State AZ Zip Code 85251-6680

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 28 / 2009

Transaction ID: 30918424

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 355.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 114
(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 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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 30930250

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr Pauline V V Beale

Mailing Address 461 Upper St

City State Zip Code
Turner ME 04282-3805

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 5 / 2 0 0 9

Transaction ID: 30930300

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr Ellen Mary Dohr

Mailing Address 2050 Sheldrake Avenue

City State Zip Code
Okemos MI 48864-3634

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: 30930321

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 114
(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 M Thacker

Mailing Address 506 Fish Hill Rd

City State Zip Code
West Greenwich RI 02817-2209

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

Name of Employer Self Employed Occupation
Self Employed O.D.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: 30930325

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr Paul E Harvey

Mailing Address 5486 Johnson Rd

City State Zip Code
Canandaigua NY 14424-8332

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: 30930329

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Gregory F Copeland

Mailing Address 15 Ridge Rd Loop

City State Zip Code
Sylvan Grove KS 67481-8133

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: 30930331

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 114
(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 Albert I Lavsky

Mailing Address 3319 Middlesex Apt A

City State Zip Code
Toledo OH 43606-1648

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: 30930337

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr Ronald Ray Foreman

Mailing Address 763 Sw Main Blvd, Ste 101

City State Zip Code
Lake City FL 32025-5794

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 5 / 2 0 0 9

Transaction ID: 30932821

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr Donald E Stover

Mailing Address 2558 W White Chapel Way

City State Zip Code
Porterville CA 93257-6926

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 30933762

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 114
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Dr Rick Tadashi Iwai		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
Mailing Address 627 Rapallo Avenue		Transaction ID: 30933763
City San Pedro	State CA	Zip Code 90732-3329
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.

Full Name (Last, First, Middle Initial) Dr Kelly J Norland		Date of Receipt MM / DD / YYYY 11 / 27 / 2009
Mailing Address 15771 250Th Avenue		Transaction ID: 30934922
City Spirit Lake	State IA	Zip Code 51360-7657
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr Bernard H Scott		Date of Receipt MM / DD / YYYY 11 / 27 / 2009
Mailing Address 1204 Old County Rd		Transaction ID: 30934924
City Daphne	State AL	Zip Code 36526-4448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	▶	980.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 114
(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 David R Heitmeier

Mailing Address 32 Kings Canyon

City State Zip Code
New Orleans LA 70131-8658

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 30934944

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr Philip M Perrino

Mailing Address 10 Grassy Hill Court

City State Zip Code
Wallingford CT 06492-6005

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: 30934945

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Dr J. Scott Richardson

Mailing Address 142 Randall Road

City State Zip Code
Carroll IA 51401-3637

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 Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 30935819

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

43708.50

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Committee To Re-Elect Nydia M. Velazquez To Congre</p> <p>Mailing Address 315 Inspiration Lane</p> <p>City Gaithersburg State MD Zip Code 20878</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Nydia M. Velazquez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30783188 Date of Disbursement 11 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Michael Avery Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30783189 Date of Disbursement 11 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Tim Walz For Us Congress</p> <p>Mailing Address PO Box 938</p> <p>City Mankato State MN Zip Code 56002</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Timothy J. Walz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30783193 Date of Disbursement 11 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Nelson 2012</p> <p>Mailing Address PO Box 8666</p> <p>City Omaha State NE Zip Code 68108</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Sen. Ben Nelson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30783194 Date of Disbursement 11 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) CHRIS PAC</p> <p>Mailing Address 607 14th Street NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name CHRIS PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30790020 Date of Disbursement 11 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Connecticut Democratic State Central Committee</p> <p>Mailing Address 170 Allyn Street Suite 301</p> <p>City Hartford State CT Zip Code 06103</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30790137 Date of Disbursement 11 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	11000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Chris Dodd</p> <p>Mailing Address PO Box 270701</p> <p>City West Hartford State CT Zip Code 06127</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Sen. Christopher J. Dodd</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30790177 Date of Disbursement 11 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) John Carney For Congress</p> <p>Mailing Address PO Box 2162</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. John Carney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30812351 Date of Disbursement 11 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Our Future PAC</p> <p>Mailing Address 1155 21ST Street, N.W. Suite 300</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Our Future PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828180 Date of Disbursement 11 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) People For Ben</p> <p>Mailing Address PO Box 31129</p> <p>City Santa Fe State NM Zip Code 87594</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep Ben Lujan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828181 Date of Disbursement 11 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Lofgren For Congress</p> <p>Mailing Address P.O. Box 8180 Suite 350</p> <p>City San Jose State CA Zip Code 95155</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Zoe Lofgren</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 16</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828183 Date of Disbursement 11 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Driehaus For Congress</p> <p>Mailing Address 650 Fox Trails Way</p> <p>City Cincinnati State OH Zip Code 45233</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Steve Driehaus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828189 Date of Disbursement 11 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Boren For Congress</p> <p>Mailing Address PO Box 148</p> <p>City Okemah State OK Zip Code 74859</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Daniel Boren</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828191 Date of Disbursement 11 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Lee Terry For Congress</p> <p>Mailing Address PO Box 540098</p> <p>City Omaha State NE Zip Code 68154</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Lee Terry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828193 Date of Disbursement 11 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Markey For Congress</p> <p>Mailing Address PO Box 1333</p> <p>City Fort Collins State CO Zip Code 80521</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Betsy Markey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828194 Date of Disbursement 11 / 12 / 2009</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) ► 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

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

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

<p>A. Full Name (Last, First, Middle Initial) Scott Murphy For Congress</p> <p>Mailing Address 615 Glen Street</p> <p>City Glens Falls State NY Zip Code 12801</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Scott M. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828205 Date of Disbursement 11 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Kathy Dahlkemper For Congress</p> <p>Mailing Address PO Box 1045</p> <p>City Erie State PA Zip Code 16512</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Kathleen Dahlkemper</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828206 Date of Disbursement 11 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Allyson Y. Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828216 Date of Disbursement 11 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Citizens For Rush</p> <p>Mailing Address P. O. Box 7292</p> <p>City Chicago State IL Zip Code 60680</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Bobby Lee Rush</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828217 Date of Disbursement 11 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Larry Kissell For Congress</p> <p>Mailing Address 106 East Main Street PO Box 1530</p> <p>City Biscoe State NC Zip Code 27209</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Larry Kissell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828223 Date of Disbursement 11 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Butterfield For Congress Committee</p> <p>Mailing Address PO Box 2571</p> <p>City Wilson State NC Zip Code 27894</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. George K. Butterfield</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828227 Date of Disbursement 11 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Bocchieri For Congress</p> <p>Mailing Address PO Box 20535</p> <p>City Canton State OH Zip Code 44701</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. John Bocchieri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828228 Date of Disbursement 11 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Brad Miller For United States Congress</p> <p>Mailing Address PO Box 10322</p> <p>City Raleigh State NC Zip Code 27605</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Brad Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828229 Date of Disbursement 11 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Arcuri For Congress</p> <p>Mailing Address P.O. Box 8508</p> <p>City Utica State NY Zip Code 13505</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Michael A. Arcuri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828235 Date of Disbursement 11 / 12 / 2009</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) ▶

6000.00

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

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) A Lot Of People For Dave Obey <hr/> Mailing Address P O Box 1322 PO Box 1322 <hr/> City Wausau State WI Zip Code 54402 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Rep. David R. Obey <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30828238 Date of Disbursement 11 / 12 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Candidate Contribution
	011 Category/ Type

B. Full Name (Last, First, Middle Initial) Texans For Henry Cuellar Congressional Campaign <hr/> Mailing Address 1519 Washington Street Second Floor, Suite 200 <hr/> City Laredo State TX Zip Code 78042 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Rep. Henry Cuellar <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30828242 Date of Disbursement 11 / 12 / 2009 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> Candidate Contribution
	011 Category/ Type

C. Full Name (Last, First, Middle Initial) Schakowsky For Congress <hr/> Mailing Address P.O. Box 5130 <hr/> City Evanston State IL Zip Code 60204 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Rep. Janice D. Schakowsky <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30828243 Date of Disbursement 11 / 12 / 2009 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> Candidate Contribution
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
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

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

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

<p>A. Full Name (Last, First, Middle Initial) Charlie Dent For Congress</p> <p>Mailing Address PO Box 442</p> <p>City Allentown State PA Zip Code 18105</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Charles W. Dent</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828464 Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Joe Pitts</p> <p>Mailing Address PO Box 775</p> <p>City Unionville State PA Zip Code 19375</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Joseph R. Pitts</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828465 Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Martin Heinrich For Congress, Inc.</p> <p>Mailing Address 2118 Central Avenue Se #71</p> <p>City Albuquerque State NM Zip Code 87106</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Martin Heinrich</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828467 Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Committee To Elect Gary L. Ackerman, Inc.</p> <p>Mailing Address 100 Jericho Quadrangle # 233</p> <p>City Jericho State NY Zip Code 11753</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Gary L. Ackerman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828468 Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of John Barrow</p> <p>Mailing Address PO Box 8166</p> <p>City Savannah State GA Zip Code 31412</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. John Barrow</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828469 Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Priority PAC</p> <p>Mailing Address 420 C Street, N.E.</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Priority PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828635 Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Committee Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	6000.00
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

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

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

<p>A. Full Name (Last, First, Middle Initial) Boyd For Congress</p> <p>Mailing Address P.O. Box 15703</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Allen Boyd</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828702</p> <p>Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Mccaul For Congress, Inc</p> <p>Mailing Address 815-A Brazos Street Pmb 230</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Michael T. McCaul</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828769</p> <p>Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Marion Berry For Congress</p> <p>Mailing Address P.O. Box 8084</p> <p>City Jonesboro State AR Zip Code 72403</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Marion Berry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AR District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828825</p> <p>Date of Disbursement 11 / 13 / 2009</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) ▶

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Boucher For Congress Committee</p> <p>Mailing Address PO Box 2000</p> <p>City Abingdon State VA Zip Code 24212</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Rick Boucher</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828832</p> <p>Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Carney For Congress</p> <p>Mailing Address P.O. Box A</p> <p>City Clarks Summit State PA Zip Code 18411</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Christopher Carney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30828911</p> <p>Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Carney For Congress</p> <p>Mailing Address P.O. Box A</p> <p>City Clarks Summit State PA Zip Code 18411</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Christopher Carney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30829757</p> <p>Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

Use separate schedule(s)
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

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

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

<p>A. Full Name (Last, First, Middle Initial) Steve Cohen For Congress</p> <p>Mailing Address 349 Kenilworth</p> <p>City Memphis State TN Zip Code 38112</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Steve Cohen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30829833</p> <p>Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>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</p> <p>State: CT District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30829910</p> <p>Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign</p> <p>Mailing Address PO Box 12612</p> <p>City San Antonio State TX Zip Code 78212</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Charles A. Gonzalez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 20</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30830118</p> <p>Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Halvorson For Congress</p> <p>Mailing Address PO Box 176</p> <p>City State Zip Code Crete IL 60417</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Deborah L. Halvorson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30830289 Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Baron Hill</p> <p>Mailing Address P O Box 1071</p> <p>City State Zip Code Seymour IN 47274</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Baron P Hill</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30830389 Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress</p> <p>Mailing Address P.O. Box 1441</p> <p>City State Zip Code Topeka KS 66601</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Lynn Jenkins</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30830471 Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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) Kagen 4 Congress <hr/> Mailing Address 100 W. College Ave. 50 D <hr/> City Appleton State WI Zip Code 54911 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Mr. Steven Kagen <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30830574 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Candidate Contribution
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Kildee For Congress Committee <hr/> Mailing Address P.O. Box 317 <hr/> City Flint State MI Zip Code 48501 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Rep. Dale E. Kildee <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 05 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30830643 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Candidate Contribution
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Kilroy For Congress <hr/> Mailing Address P.O. Box 2582 Ste 305 <hr/> City Columbus State OH Zip Code 43216 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Rep. Mary Jo Kilroy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30830770 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Candidate Contribution
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL 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)

PAGE 101 / 114

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona</p> <p>Mailing Address PO Box 993</p> <p>City Prescott State AZ Zip Code 86302</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Ann Kirkpatrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30830855 Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Langevin For Congress</p> <p>Mailing Address 181-A Knight St</p> <p>City Warwick State RI Zip Code 02886</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. James R. Langevin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: RI District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30830925 Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Dan Lipinski For Congress</p> <p>Mailing Address P.O. Box 520</p> <p>City Western Springs State IL Zip Code 60558</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Daniel Lipinski</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30831722 Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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) Loeb sack For Congress <hr/> Mailing Address PO Box 1457 <hr/> City Iowa City State IA Zip Code 52244 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Rep. David Wayne Loeb sack <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30831804 Date of Disbursement 11 / 13 / 2009
	Amount of Each Disbursement this Period 500.00
	Candidate Contribution
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Loeb sack For Congress <hr/> Mailing Address PO Box 1457 <hr/> City Iowa City State IA Zip Code 52244 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Rep. David Wayne Loeb sack <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30831995 Date of Disbursement 11 / 13 / 2009
	Amount of Each Disbursement this Period 500.00
	Candidate Contribution
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Friends Of Carolyn Mccarthy <hr/> Mailing Address 151 Linden Road <hr/> City Mineola State NY Zip Code 11501 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Rep. Carolyn McCarthy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30832127 Date of Disbursement 11 / 13 / 2009
	Amount of Each Disbursement this Period 2500.00
	Candidate Contribution
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL 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

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) Mike McIntyre For Congress Mailing Address P.O. Box 1 City Lumberton State NC Zip Code 28359 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Mike McIntyre Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30832221 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00 Candidate Contribution
B.	Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers For Congress Mailing Address Box 137 City Spokane State WA Zip Code 99210 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Cathy McMorris Rodgers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30833225 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00 Candidate Contribution
C.	Full Name (Last, First, Middle Initial) Tim Bishop For Congress Mailing Address PO Box 437 City Farmingville State NY Zip Code 11738 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Timothy Bishop Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30833337 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Alan Mollohan For Congress Committee</p> <p>Mailing Address P. O. Box 1343</p> <p>City Fairmont State WV Zip Code 26555</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Alan B. Mollohan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30833487</p> <p>Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Moore For Congress</p> <p>Mailing Address PO Box 16646</p> <p>City Milwaukee State WI Zip Code 53216</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Gwendolynne Moore</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30833718</p> <p>Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy</p> <p>Mailing Address P.O. Box 127</p> <p>City Cheshire State CT Zip Code 06410</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Christopher Scott Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30833944</p> <p>Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	5000.00
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

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Jim Oberstar</p> <p>Mailing Address 1017 8th St Ne</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. James L. Oberstar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30834201 Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Citizens For John Olver For Congress</p> <p>Mailing Address P.O. Box 819 PO Box 819</p> <p>City Amherst State MA Zip Code 01004</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. John Walter Olver</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30834370 Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Perlmutter For Congress</p> <p>Mailing Address 3440 Youngfield Street #264</p> <p>City Wheat Ridge State CO Zip Code 80033</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Edwin Perlmutter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30834628 Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Keep Nick Rahall In Congress Committee

Mailing Address P O Box 64

City Beckley State WV Zip Code 25802

Purpose of Disbursement
Candidate Contribution

011
Category/
Type

Candidate Name
Rep. Nick Joe Rahall, II

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: WV District: 03

Transaction ID: 30834873
Date of Disbursement

11 / 13 / 2009

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

B. Full Name (Last, First, Middle Initial)
Steve Rothman For New Jersey Inc.

Mailing Address P.O. Box 714

City Hackensack State NJ Zip Code 07602

Purpose of Disbursement
Candidate Contribution

011
Category/
Type

Candidate Name
Rep. Steven R. Rothman

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NJ District: 09

Transaction ID: 30835073
Date of Disbursement

11 / 13 / 2009

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

C. Full Name (Last, First, Middle Initial)
Tim Ryan For Congress

Mailing Address 1600 Roosevelt Avenue
Suite 804

City Niles State OH Zip Code 44446

Purpose of Disbursement
Candidate Contribution

011
Category/
Type

Candidate Name
Rep. Timothy J. Ryan

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 17

Transaction ID: 30835286
Date of Disbursement

11 / 13 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 107 / 114

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

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

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

A. Full Name (Last, First, Middle Initial)
Zack Space For Congress Committee

Mailing Address 726 Sixteenth Street Ne

City State Zip Code
Massillon OH 44646

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Zachary T. Space

011
Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 18

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 30835387
Date of Disbursement

11 / 13 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B. Full Name (Last, First, Middle Initial)
Betty Sutton For Congress

Mailing Address 1700 W. Market St. #155

City State Zip Code
Akron OH 44313

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Betty S. Sutton

011
Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 13

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 30835642
Date of Disbursement

11 / 13 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C. Full Name (Last, First, Middle Initial)
Harry Teague For Congress

Mailing Address PO Box 5153

City State Zip Code
Hobbs NM 88241

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Harry Teague

011
Category/
Type

Office Sought: House
 Senate
 President
State: NM District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 30835763
Date of Disbursement

11 / 13 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Welch For Congress</p> <p>Mailing Address PO Box 1682</p> <p>City Burlington State VT Zip Code 05402</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Peter Welch</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30836288 Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson</p> <p>Mailing Address P.O. Box 61</p> <p>City St. Clairsville State OH Zip Code 43950</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Charles Wilson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30836585 Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Dave Wu For Us Congress</p> <p>Mailing Address 818 Sw Third Ave. #1182</p> <p>City Portland State OR Zip Code 97204</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. David Wu</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30837636 Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Alaskans For Don Young Inc.</p> <p>Mailing Address 2504 Fairbanks Street</p> <p>City Anchorage State AK Zip Code 99503</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Donald E. Young</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AK District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30838725</p> <p>Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) AMERIPAC: The Fund for a Greater America</p> <p>Mailing Address 1341 G Street NW Suite 200</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name AMERIPAC: The Fund for a Greater America</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30838938</p> <p>Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Rob Andrews U.S. House Committee</p> <p>Mailing Address 215 Fourth Avenue Suite 200</p> <p>City Haddon Heights State NJ Zip Code 07076</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Robert E. Andrews</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30857305</p> <p>Date of Disbursement 11 / 16 / 2009</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) ►

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 110 / 114

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

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

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

<p>A. Full Name (Last, First, Middle Initial) PHIL PAC</p> <p>Mailing Address 499 South Capitol Suite 412</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name PHIL PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30858692 Date of Disbursement 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Geoff Davis For Congress</p> <p>Mailing Address 3161 Dixie Highway Suite F</p> <p>City Erlanger State KY Zip Code 41018</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Geoffrey Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30858694 Date of Disbursement 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Yarmuth For Congress</p> <p>Mailing Address 1819 Brownsboro Road Suite 100</p> <p>City Louisville State KY Zip Code 40202</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. John A. Yarmuth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30858867 Date of Disbursement 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Guthrie For Congress</p> <p>Mailing Address PO Box 9639</p> <p>City Bowling Green State KY Zip Code 42102</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Brett Guthrie</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KY District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30858870</p> <p>Date of Disbursement 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Independent Action, Inc.</p> <p>Mailing Address 1619 13th Street NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Independent Action, Inc.</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30858876</p> <p>Date of Disbursement 11 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Udall For Us All</p> <p>Mailing Address PO Box 25766</p> <p>City Albuquerque State NM Zip Code 87125</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Sen Tom Udall</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NM District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30866115</p> <p>Date of Disbursement 11 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 112 / 114

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

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

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

A.

Full Name (Last, First, Middle Initial)

MASS PAC

Mailing Address P O Box 440324

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Committee Contribution

Candidate Name
MASS PAC

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 30871227

Date of Disbursement

11 / 18 / 2009

Amount of Each Disbursement this Period

5000.00

Committee Contribution

B.

Full Name (Last, First, Middle Initial)

John Lewis For Congress

Mailing Address PO Box 2323
Suite 5300

City Atlanta State GA Zip Code 30301

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. John Lewis

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010 Primary General
 Other (specify) ▼

State: GA District: 05

Transaction ID: 30871229

Date of Disbursement

11 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

164500.00

**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 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

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 790251</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30935800</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="904.44"/></p> <p>Bank Fee</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 790251</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement Discover Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30935802</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="18.00"/></p> <p>Discover Fee</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 790251</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement American Express Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30935805</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="195.94"/></p> <p>American Express Fee</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1118.38

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 114 / 114

<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

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

Mailing Address PO Box 790251

City State Zip Code
St. Louis MO 63179

Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 30935812
Date of Disbursement

/

Amount of Each Disbursement this Period

Bank Fee

B.

Full Name (Last, First, Middle Initial)
Wachovia Federal

Mailing Address 1650 Tyson Blvd.

City State Zip Code
McLean VA 22102

Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 30935814
Date of Disbursement

/

Amount of Each Disbursement this Period

Bank Fee

SUBTOTAL of Disbursements This Page (optional) ►

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