12/16/2009 15:11

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Optometric Association Political Action Committee 1505 Prince Street ADDRESS (number and street) Suite 300 Check if different than previously Alexandria ٧A 22314 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00024968 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 2009 3 0 2009 1 1 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Thomas E. Nye, O.D. Type or Print Name of Treasurer Electronically Filed by Thomas E. Nye, O.D. 12 16 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS 2 / 114

[®]D

Write or Type Committee Name
American Optometric Association Political Action Committee

D D

11 0 1 2009 3 0 2009 11 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 376610.34 January 1 (b) Cash on Hand at 472754.66 Begining of Reporting Period 74878.93 803307.59 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 547633.59 1179917.93 6(a) and 6(c) for Column B) 798733.09 166448.75 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 381184.84 381184.84 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 114

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

м м 1 1 01

2009

та.

м°м 1 1 D D D

Y Y Y Y Y 2 0 0 9

I. Re	ceipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (othe (a) Individuals/Per			
Than Political (i) Itemized (Committees use Schedule A)	43708.50	521733.25
` '	j	31137.36	279258.24
(iii) TOTAL (a Lines 11(a	dd)(i) and (ii) >	74845.86	800991.49
	Committees	0.00	0.00
	Committees s) ions (add Lines	0.00	0.00
11(a)(iii),(b) ar Totals to Line	d (c)) (Carry 33, page 5)	74845.86	800991.49
2. Transfers From Aff Party Committees .	liated/Other	0.00	0.00
3. All Loans Received		0.00	0.00
Loan Repayments I Offsets To Operating	Received	0.00	0.00
(Refunds, Rebates (Carry Totals to Lin	etc.) e 37, page 5)	0.00	0.00
 Refunds of Contrib- to Federal candidat Political Committee 		0.00	1000.00
Other Federal Rece (Dividends, Interest	ipts , etc.)	33.07	1316.10
	-Federal and Levin Funds		
(a) Non-Federal Ac (from Schedule	H3)	0.00	0.00
(b) Levin Funds (fro	m Schedule H5)	0.00	0.00
(c) Total Transfer (a	add 18(a) and 18(b)).	0.00	0.00
. Total Receipts (add 12, 13, 14, 15, 16,	Lines 11(d), 7, and 18(c))	74878.93	803307.59
. Total Federal Recei	ots from Line 19)	74878.93	803307.59

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/114

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	1049.75	22022.00
	Expenditures(c) Total Operating Expenditures	1948.75	22923.09
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	1948.75	22923.09
2.	Transfers to Affiliated/Other Party		
3	Committees Contributions to	0.00	0.00
Ο.	Federal Candidates/Committeesand Other Political Committees	164500.00	757400.00
4.	Independent Expenditure		
5	(use Schedule E)	0.00	0.00
J.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use concade 1)	0.00	
6.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
8.	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
	(add Lines 20(a), (b), and (c))		
9.	Other Disbursements	0.00	16500.00
80.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	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

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

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 114 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	
American Optometric Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr John D Coble		Date of Receipt
Mailing Address 1501 Sunset Hill		11 01 2009
City	State Zip Code	Transaction ID: 30783071
Rockwall	TX 75087-3216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.35
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.80]
Full Name (Last, First, Middle Initial) Dr Randolph E Brooks		Date of Receipt
Mailing Address 3 Schindler Drive		1 1 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30783072
Succasunna	NJ 07876-1183	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00]
Full Name (Last, First, Middle Initial) Dr Jennifer H Ong		Date of Receipt
Mailing Address 583 Whittington La	ne	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Hayward</u>	State Zip Code CA 94541-2283	Transaction ID: 30785907 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional	J)	303.35

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/114 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	not be sold or used by any persedress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association	<u>~</u>		
Full Name (Last, First, Middle Initial) Dr Kevin Katz			Date of Receipt
Mailing Address 1205 Pin Oak Driv	e		1 1 0 3 2 0 0 9
City	State	Zip Code	Transaction ID: 30785908
<u>Dickinson</u> FEC ID number of contributing federal political committee.	C	77539-3320	Amount of Each Receipt this Period 163.64
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1472.76	
Full Name (Last, First, Middle Initial) Dr Gregory Willard Hicks	I		Date of Receipt
Mailing Address 419 Bogart Road E	East		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sandusky	State OH	Zip Code 44870-6404	Transaction ID: 30787918 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	11070 0107	166.67
Name of Employer Self Employed	Occupation	n · Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr Paul C Ajamian			Date of Receipt
Mailing Address 245 Shadowbrook	Drive		1 1 0 4 2 0 0 9
City Roswell	State GA	Zip Code	Transaction ID: 30787919
FEC ID number of contributing federal political committee.	C	30075-4600	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of	n i Optometry	
Receipt For: Primary General Other (specify) ▼	'	Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (option	al)		580.31

	SCHEDULE A (FEC Form 3X)	11	FOR LINE NUMBER: PAGE 8 / 114
	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	I EMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Г			13 14 15 16 17
	Any information copied from such Reports and Stater or for commercial purposes, other than using the name	ments may not be sold or used by any persone and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	American Optometric Association Politica	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr George Rod Alberhasky		Date of Receipt
	Mailing Address 2346 Mormon Trek Blvd	1 1 0 4 2 0 0 9	
	City	State Zip Code	Transaction ID: 30787921
	Iowa City	IA 52246-4371	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	250.00
	Self Employed	Decupation	-
		Doctor of Optometry	
		Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
	Cirici (specify)		
ь. В.	Full Name (Last, First, Middle Initial) Dr Kyle D McMurray		Date of Receipt
	Mailing Address 2449 Turkey Red Lane	M M / D D / Y Y Y Y	
		11 03 2009	
	City	State Zip Code	Transaction ID: 30787942
	Bozeman	MT 59715-9329	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	500.00
	Self Employed	Occupation Octor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	500.00	
	Other (specify) ▼	300.00	
_	Full Name (Last, First, Middle Initial)		
C.	Dr Bradley David Bearden		Date of Receipt
	Mailing Address 4026 Springland Lane		11 02 2009
	City	State Zip Code	Transaction ID: 30788368
	Bellingham	WA 98226-6840	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Solf Employed 1	Occupation Octor of Optometry	1
		Aggregate Year-to-Date ▼	7
	Primary General		
	Other (specify) ▼	250.00	
-			
			1000.00
	SUBTOTAL of Receipts This Page (optional)	>	1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 114 (check only one) X
A	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Selin Khayatan Mailing Address 7967 Campion Drive City	State	Zip Code	Date of Receipt 1 1
	Los Angeles FEC ID number of contributing federal political committee.	CA	90045-2529	Amount of Each Receipt this Period 365.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n f Optometry e Year-to-Date ▼ 365.00	
3.	Full Name (Last, First, Middle Initial) Dr Laura L Garcia Holle Mailing Address 5804 Pecan Valley Ln			Date of Receipt 1 1 0 2 2 0 0 9
	City	State	Zip Code	Transaction ID: 30788375
	San Angelo FEC ID number of contributing federal political committee.	C	76904-9531	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr Robert D Newcomb			Date of Receipt
	Mailing Address 7043 Olentangy River	Road		1 1 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 30788382
	Columbus FEC ID number of contributing federal political committee.	ОН	43235-2151	Amount of Each Receipt this Period 365.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		980.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Optometric Association Po	d Statements may not be sold or used by any person he name and address of any political committee to solitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr William Donner Mizelle Mailing Address 102 N Lemans		Date of Receipt
City	State Zip Code	1 1 0 4 2 0 0 9 Transaction ID: 30790152
<u>Lafayette</u>	LA 70503-4028	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Robert G Haak		Date of Receipt
Mailing Address 221 Fairway Rd		11 05 2009
City	State Zip Code	Transaction ID: 30790546
Paoli FEC ID number of contributing federal political committee.	PA 19301-2029	Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Dr Robert L Jarrell, III		Date of Receipt
Mailing Address 50 Cedar Hill Rd		1 1 0 6 2 0 0 9
City Albuquerque	State Zip Code NM 87122-1928	Transaction ID: 30791050 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		765.00

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) X 11a 11b 11c 12 13 14 15 16 11		
Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) American Optometric Association Poli	tical Action Committee			
Full Name (Last, First, Middle Initial) Dr Wanda C Batson		Date of Receipt		
Mailing Address 8120 Rock Hill Rd City	State Zip Code	1 1 0 6 2 0 0 9 Transaction ID: 30791051		
Baker	FL 32531-7337	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	83.33		
Name of Employer Self Employed	Occupation Doctor of Optometry	_		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 416.65			
Full Name (Last, First, Middle Initial) Dr Lori Ann Youngman		Date of Receipt		
Mailing Address 4535 Nw Aspen St				
City	State Zip Code	Transaction ID: 30791053		
Camas	WA 98607-8302	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	166.67		
Name of Employer Self Employed	Occupation Doctor of Optometry			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.70			
Full Name (Last, First, Middle Initial) Dr Frederick P Darin		Date of Receipt		
Mailing Address 405 Tirrell Rd		11 06 2009		
City	State Zip Code	Transaction ID: 30791054		
Charlotte	MI 48813-2131	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer Self Employed	Occupation Doctor of Optometry			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional)		300.00		
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	·	300.00		

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)		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 114 (check only one) X 11a
A. Dr Robert Craig Janot Mailing Address 6910 Windmill Lane City State Zip Code LA 70695-0538 FEC ID number of contributing federal political committee. C Cocupation Doctor of Optometry Receipt For: Primary General Other (specify) ▼ State Zip Code FEC ID number of contributing federal political committee. B. Drate of Receipt This Period C Cocupation Doctor of Optometry Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Drate of Receipt Transaction ID: 30792747 Amount of Each Receipt this Period Amount of Each Receipt this Period Primary General Date of Receipt Transaction ID: 30792750 Transaction ID: 30792750 Transaction ID: 30792750 Amount of Each Receipt this Period C Cocupation Doctor of Optometry Receipt For: Primary General Other (specify) ▼ 1000.00 Date of Receipt Transaction ID: 30792750 Transaction ID: 30792750 Transaction ID: 30792750 Date of Receipt Transaction ID: 30792750 Transaction ID: 30792750 Transaction ID: 30792750 Transaction ID: 30792750 Date of Receipt Transaction ID: 30792750 Date of Receipt Transaction ID: 30792750 Date of Receipt Transaction ID: 30792750 Transaction ID: 30792750 Date of Receipt Transaction ID: 30792750 Transaction ID: 30792750	7	NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
Receipt For: Primary	A.	Dr Robert Craig Janot Mailing Address 6910 Windmill Lane City Lake Charles FEC ID number of contributing federal political committee.	LA	70605-0536	Transaction ID: 30792747 Amount of Each Receipt this Period
Date of Receipt Mailing Address 46 Lambeth Walk City State Zip Code Fairview NC 28730-7721 FEC ID number of contributing federal political committee. Name of Employer Self Employer City State Zip Code NC 28730-7721 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ 1000.00 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. Name of Employer Coccupation Doctor of Optometry Receipt For: PC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Transaction ID: 30806944 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ 25.00		Receipt For: Primary General		e Year-to-Date ▼	
Fairview FEC ID number of contributing federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Mailing Address 35 Cara Vella Lane City Centerville FEC ID number of contributing federal political committee. Name of Employer Self Employed Aggregate Year-to-Date ▼ 1000.00 Date of Receipt Milling Address 35 Cara Vella Lane Date of Receipt Transaction ID: 30806944 Amount of Each Receipt this Period Centerville UT 84014-2815 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 25.00	В.	Dr Rebecca H Wartman			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ C. Full Name (Last, First, Middle Initial) Dr Paul C Bruderer Mailing Address 35 Cara Vella Lane City State Zip Code UT 84014-2815 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Transaction ID: 30806944 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 25.00		•		•	
Receipt For:		FEC ID number of contributing		28730-7721	
Receipt For: Primary		Name of Employer Self Employed			
C. 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. Name of Employer Self Employed Receipt Transaction ID: 30806944 Amount of Each Receipt this Period 25.00 Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		Primary General		e Year-to-Date ▼	
City Centerville Centerville FEC ID number of contributing federal political committee. Name of Employer Self Employed Coccupation Doctor of Optometry Receipt For: Primary Other (specify) ▼ Paggregate Year-to-Date 1 1 0 9 2 0 0 9 Transaction ID: 30806944 Amount of Each Receipt this Period 25.00 25.00	- C.	Dr Paul C Bruderer			Date of Receipt
Centerville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period 25.00 Amount of Each Receipt this Period 25.00 25.00		Mailing Address 35 Cara Vella Lane			
FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		•		·	Transaction ID: 30806944
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		FEC ID number of contributing		84014-2815	
Primary General Other (specify) ▼ 275.00		Name of Employer Self Employed			
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
		SUBTOTAL of Receipts This Page (optional)	1		266.67

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) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	Statements may not be sold or used by any personal ename and address of any political committee to litical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr James A Cope, IV Mailing Address 1607 S 2900 E City Spanish Fork FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code UT 84660-8903 C Occupation Doctor of Optometry Aggregate Year-to-Date 220.00	Date of Receipt M M M O 9 2009 Transaction ID: 30806946 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Dr Brian F Rowley Mailing Address 619 N 330 W City Santaquin FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code UT 84655-5099 C Occupation Doctor of Optometry Aggregate Year-to-Date 275.00	Date of Receipt M M M O D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Mark A Taylor Mailing Address 527 E 1500 S City Kaysville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code UT 84037-3032 C Occupation Doctor of Optometry Aggregate Year-to-Date 220.00	Date of Receipt M M M D D D 2009 Transaction ID: 30806948 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional))	65.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 114 (check only one) X 11a
Any information copied from such Report or for commercial purposes, other than under the NAME OF COMMITTEE (In Full) American Optometric Association	is and Statements may not be sold or used by any personsing the name and address of any political committee to on Political Action Committee	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Barbara L Horn Mailing Address 61269 Coralburs City Washington FEC ID number of contributing federal political committee.	State Zip Code MI 48094-1746	Date of Receipt M M M O 9
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 1840.90	
Full Name (Last, First, Middle Initial) Dr David J Esplin Mailing Address 34 South 590 Ed	ast State Zip Code	Date of Receipt 1 1 0 9 2 0 0 9 Transaction ID: 30806950
Salem FEC ID number of contributing federal political committee.	UT 84653-5519	Amount of Each Receipt this Period 45.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 495.00	_]
Full Name (Last, First, Middle Initial) Dr David J Shippee Mailing Address Box 307		Date of Receipt 1 1 0 9 2 0 0 9
City Sherman Oaks FEC ID number of contributing federal political committee.	State Zip Code ME 04777	Transaction ID: 30806951 Amount of Each Receipt this Period 41.66
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.60	
SUBTOTAL of Receipts This Page (opt	ional)	245.75

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Polit	tical Action C	Committee	
Full Name (Last, First, Middle Initial) Dr Carey A Patrick			Date of Receipt
Mailing Address 970 Patrician Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30806952
<u>Fairview</u>	TX	75069-8781	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:	. '	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr Mark J Cook	l		Date of Receipt
Mailing Address 5698 Mountain Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30806953
Brighton	MI	48116-9732	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1180.00	
Full Name (Last, First, Middle Initial) Dr Jeffrey Lance Weaver			Date of Receipt
Mailing Address 3662 Boston'S Farm D	rive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30806954
Bridgeton	MO	63044-3167	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify)	. '	Year-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional)			220.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 114 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u>/ </u>	1 Ontical Action Committee	
Full Name (Last, First, Middle Initial) Dr Deborah A Long		Date of Receipt
Mailing Address 1115 John Short F	Rd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30810145
Fort Mill	SC 29707-7633	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial)		2. (2
Dr Jeffrey J Becraft Mailing Address 531 Gettysburg D	r	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30810293
Niles	MI 49120-2909	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Stan M Dickerson	I	Date of Receipt
Mailing Address 2508 Shangrila Tr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30810298
Columbia	TN 38401-5801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
		1015.00

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) X
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Polit	tical Action (Committee	
Full Name (Last, First, Middle Initial) Ms BJ Avery			Date of Receipt
Mailing Address Texas Optometric Assr 1104 West Avenue	n Inc		11 10 2009
City	State	Zip Code	Transaction ID: 30811568
Austin	TX	78701-2052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Texas Optometric Assn Inc	Occupation Executive		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Dr Bronte D Baker			Date of Receipt
Mailing Address 179 Redbird Ridge			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30811569
Beeville	TX	78102-8465	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Dr Donald W Furman			Date of Receipt
Mailing Address 855 11Th St Place			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30811570
Garner	IA	50438-1847	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		45.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 495.00	
SUBTOTAL of Receipts This Page (optional))	115.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 114 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association I	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Ronald J Meyer Mailing Address 37038 60 Rd 496			Date of Receipt
City Champion	State MI	Zip Code 49814	Transaction ID: 30811572 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupation Doctor of	n f Optometry	50.00
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Dr Scott Burns Taylor Mailing Address 724 Broadway Circ	le		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30811574
Salmon	ID	83467-3556	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Self Employed		f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Dr Jason K Dickerson			Date of Receipt
Mailing Address 2581 Bridlewood D	rive		11 10 2009
City	State	Zip Code	Transaction ID: 30811575
Helena FEC ID number of contributing federal political committee.	C	35080-3916	Amount of Each Receipt this Period 42.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 462.00	
SUBTOTAL of Receipts This Page (optional	al)		112.00

SCHEDULE A (FEC Form 3: ITEMIZED RECEIPTS	A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/114 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association	<u> </u>		
Full Name (Last, First, Middle Initial) Dr Paul D Batson			Date of Receipt
Mailing Address 5323 Whisper Woo	od Drive		M M / D D / Y Y Y Y Y 1 Y 1 1 1 1 0 2 0 0 9
City	State	Zip Code	Transaction ID: 30811577
Birmingham FEC ID number of contributing federal political committee.	C	35226-1092	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Dr Terry H Berner			Date of Receipt
Mailing Address 8210 Top Of The V	World Drive		1 1 1 0 2 0 0 9
City	State UT	Zip Code	Transaction ID: 30811578
Salt Lake City FEC ID number of contributing federal political committee.	C	84121-6060	Amount of Each Receipt this Period 42.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 462.00	
Full Name (Last, First, Middle Initial) Dr Steven Thomas Reed			Date of Receipt
Mailing Address 4550 Simpson Hw	y 28 W		1 1 1 0 2 0 0 9
City Magee	State MS	Zip Code 39111-5187	Transaction ID: 30811579
FEC ID number of contributing federal political committee.	C	39111-0107	Amount of Each Receipt this Period 90.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 990.00	
SUBTOTAL of Receipts This Page (option	al)		182.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 114 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Shelby D Robinson		Date of Receipt
Mailing Address 3939 62Nd Ave E		11 10 2009
City	State Zip Code	Transaction ID: 30811580
<u>Fife</u>	WA 98424-2377	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Dr Gilbert E Pierce		Date of Receipt
Mailing Address 8639 Olenbrook D	Prive	M M / D D / Y Y Y Y Y 1 1 1 1 0 2 0 0 9
City	State Zip Code	Transaction ID: 30811582
Lewis Center	OH 43035-8702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	
Full Name (Last, First, Middle Initial) Dr Stacie Layne Virden	I	Date of Receipt
Mailing Address 2432 Lake Air Driv	ve	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30811583
Waco	TX 76710-1611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.09
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 831.81	
SUBTOTAL of Receipts This Page (option	nal)	149.09

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 114 (check only one) X 11a 11b 11c 12
	nd Statements may not be sold or used by any per g the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr John S Bowen		Date of Receipt
Mailing Address 2570 Northshore B		11 1 10 2009
City	State Zip Code	Transaction ID: 30811584
Flower Mound	TX 75028-8386	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	900.00	
Full Name (Last, First, Middle Initial) Dr Lisa C Bowen	'	Date of Receipt
Mailing Address 1813 Shadywood L	ane	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30811585
Flower Mound	TX 75028-4287	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Dr Paul Philippe Cote		Date of Receipt
Mailing Address 18 Little Androscoo	ggin Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30811586
Auburn	ME 04210-8884	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	416.70	
SUBTOTAL of Receipts This Page (option	al)	241.67

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 114 (check only one) X
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli			on for the purpose of soliciting contributions solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr Steve N Nguyen Mailing Address 7417 Primrose Dr			Date of Receipt 1 1 1 0 2 0 0 9
	City Irving	State TX	Zip Code 75063-5507	Transaction ID: 30811587 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		f Optometry e Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) Dr Thomas Annunziato Mailing Address 11700 Northview Dr			Date of Receipt
	City	State	Zip Code	Transaction ID: 30811589
	Aledo FEC ID number of contributing federal political committee.	C	76008-5223	Amount of Each Receipt this Period 91.66
	Name of Employer Self Employed		f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 908.26	
	Full Name (Last, First, Middle Initial) Dr Christopher L Eddy Mailing Address 6306 Buchanan St			Date of Receipt
	City	State	Zip Code	1 1 1 0 2 0 0 9 Transaction ID: 30811590
	Fort Collins	CO	80525-5810	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed		f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
s	SUBTOTAL of Receipts This Page (optional)			391.66

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 114 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any person g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	Tollical Action Committee	
Full Name (Last, First, Middle Initial) Dr Joe Ernest Ellis		Date of Receipt
Mailing Address 179 Wood Trace		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30811591
Benton	KY 42025-9400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1833.37	
Full Name (Last, First, Middle Initial) Dr Gregory C Russell		Date of Receipt
Mailing Address 2505 Rivermont Ci	ircle	M M / D D / Y Y Y Y Y 1 1 1 1 0 2 0 0 9
City	State Zip Code	Transaction ID: 30811592
Kingsport	TN 37660-2392	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 916.63	
Full Name (Last, First, Middle Initial) Dr Lon D Cartwright		Date of Receipt
Mailing Address 3027 Winslow		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30811988
Houston	TX 77025-2638	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	750.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 114 (check only one) X 11a 11b 11c 12
Any information copied from such Reports around for commercial purposes, other than using	nd Statements may the name and addi	not be sold or used by any perso	13 14 15 16 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19
NAME OF COMMITTEE (In Full) American Optometric Association			
Full Name (Last, First, Middle Initial) Dr Michael D Ackermann			Date of Receipt
Mailing Address 1012 M 6Th St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30811999
Lake City	MN	55041	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:		Year-to-Date ▼	1
Primary General Other (specify) ▼	riggiogalo	500.00	
Full Name (Last, First, Middle Initial) Dr Ron Benner			Date of Receipt
Mailing Address 1408 E Maryland			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30812175
Laurel	MT	59044-2238	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate '	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Steven Arthur Loomis			Date of Receipt
Mailing Address 6436 Spotted Fawr	n Run		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30819728
Littleton	CO	80125-9055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:	Aggregate '	Year-to-Date ▼	
Primary General Other (specify) ▼		2000.00	
			950.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 114 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any perso g the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Thomas L Lim Mailing Address 1136 Thorntree Co	ourt	Date of Receipt
City	State Zip Code	1 1 1 1 2 0 0 9 Transaction ID: 30819729
San Jose FEC ID number of contributing federal political committee.	CA 95120-1740	Amount of Each Receipt this Period 41.66
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 458.26	
Full Name (Last, First, Middle Initial) Dr Bruce D Krutsinger Mailing Address 15901 Tahoe Dr City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Houston FEC ID number of contributing federal political committee.	TX 77040-1243	Amount of Each Receipt this Period 100.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 600.00	
Full Name (Last, First, Middle Initial) Dr Paul Schroeder Mailing Address 616 12Th Street S	w	Date of Receipt
City Le Mars FEC ID number of contributing	State Zip Code IA 51031-2265	Transaction ID: 30819731 Amount of Each Receipt this Period
federal political committee. Name of Employer Self Employed	Occupation Doctor of Optometry	25.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 218.00	
SUBTOTAL of Receipts This Page (option	nal)	166.66

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) X
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may not be sold or used by any personal he name and address of any political committee to	
American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Russell Yoshito Hosaka		Date of Receipt
Mailing Address 22809 Hawthorne Bl City	vd State Zip Code	1 1 1 2 0 0 9 Transaction ID: 30819732
Torrance	CA 90505-3615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr Kathleen E Powell	<u> </u>	Date of Receipt
Mailing Address 9710 Copper Drive		11 / 12 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30821406
Anchorage	AK 99507-1226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	924.00	
Full Name (Last, First, Middle Initial) Dr Robert D O'Connell		Date of Receipt
Mailing Address Box 3187		11 / 12 / 2009
City	State Zip Code	Transaction ID: 30821407
Kenai	AK 99611-3187	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional)		259.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 114 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for comm	nercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	DF COMMITTEE (In Full) an Optometric Association Polit	ical Action (Committee	
	ne (Last, First, Middle Initial) is A Swarner			Date of Receipt
Mailing A	Address Box 1669			1 1 1 2 2 0 0 9
City		State	Zip Code	Transaction ID: 30821408
<u>Kenai</u>		AK	99611-7744	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		84.00
Name of Self Em	Employer ployed	Occupation Doctor of	n Optometry	
	For: imary General her (specify) ♥	Aggregate	Year-to-Date ▼ 924.00	
	ne (Last, First, Middle Initial) all R Johnson			Date of Receipt
Mailing A	Address 105 South Rose Hill Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 30821409
Long G	Grove	<u>IA</u>	52756-9753	Amount of Each Receipt this Period
	number of contributing political committee.	C		20.00
Name of Self Em	Employer ployed	Occupation Doctor of	n Optometry	
	For: imary General her (specify) ♥	Aggregate	Year-to-Date ▼ 220.00	
	ne (Last, First, Middle Initial) otte F Nielsen			Date of Receipt
Mailing A	Address 118 Whitehall Court			1 1 1 2 2 0 0 9
City <u>Graysla</u>	ake	State IL	Zip Code 60030-3492	Transaction ID: 30821410 Amount of Each Receipt this Period
	number of contributing solitical committee.	C		100.00
Name of Self Em	Employer ployed	Occupation Doctor of	n Optometry	
	For: imary General her (specify) ▼		Year-to-Date ▼ 1000.00	
SUBTOTA	L of Receipts This Page (optional)		>	204.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 114 (check only one) X
	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pole	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Dr Sheryl A Lentfer Mailing Address 1345 West 9Th Avenu			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 30821411
	Anchorage FEC ID number of contributing federal political committee.	C	99501-3236	Amount of Each Receipt this Period 84.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	- '	f Optometry e Year-to-Date ▼ 924.00	
_ 3.	Full Name (Last, First, Middle Initial) Dr Melissa L Binder Mailing Address 16 Walden Place Ct	<u> </u>		Date of Receipt 1 1 0 9 2 0 0 9
	City	State	Zip Code	Transaction ID: 30826937
	<u>Elgin</u>	SC	29045-8208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 250.00	
_ ;.	Full Name (Last, First, Middle Initial) Dr Steven Lemar Seward			Date of Receipt
	Mailing Address 1512 Spring Cress Ro	oad		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 30826940
	Fort Wayne	<u>IN</u>	46814-9347	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .		1	584.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 114 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any persor go the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Terry L Williams		Date of Receipt
Mailing Address 114 Leatherwood	Dr	1 1 0 9 2 0 0 9
City	State Zip Code	Transaction ID: 30826943
Moundsville	WV 26041-1017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Jeffrey Lee Whittington	I	Date of Receipt
Mailing Address 25 Seneca Hills		1 1 0 9 2 0 0 9
City	State Zip Code	Transaction ID: 30826945
Elkview	WV 25071-9316	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr R. Bryan Boozer	I	Date of Receipt
Mailing Address 1602 Wildwood St	t Sw	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30828455
Cullman	AL 35055-4555	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (option	nal)	800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 114 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Dr Jeffrey David Hill		Date of Receipt
Mailing Address 126 Treymoor Drive City	State Zip Code	11 13 2009 2009
Alabaster	AL 35007-3150	Transaction ID: 30828456 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Dr Sarah Gordon Miehle		Date of Receipt
Mailing Address 252 Inverness Center		11 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30828457
<u>Birmingham</u>	AL 35242-4834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial) Dr Brenden R White	1	Date of Receipt
Mailing Address 864 E Ranch Circle		11 1 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30828458
Draper	UT 84020-9011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
SUBTOTAL of Receipts This Page (optional)	,	125.00

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) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may name and add	y not be sold or used by any perso dress of any political committee to	
American Optometric Association Poli	tical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Michael T Cron			Date of Receipt
Mailing Address 9217 Elmwood Court			1 1 1 3 2 0 0 9
City	State	Zip Code	Transaction ID: 30828459
Stanwood	MI	49346-9305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.66
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.30	
Full Name (Last, First, Middle Initial) Dr David M Redman			Date of Receipt
Mailing Address 795 Foxhill Circle			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30828460
Hollister	CA	95023-9747	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		38.88
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 383.28	
Full Name (Last, First, Middle Initial) Dr Peter V Candela	1		Date of Receipt
Mailing Address P O Box 614			1 1 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30828461
Blythewood	SC	29016-0614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		87.12
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	Year-to-Date ▼ 825.74	
SUBTOTAL of Receipts This Page (optional)			167.66

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	ry of the
NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or use using the name and address of any politica ution Political Action Committee	d by any person for the purpose of soliciting contributions all committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initia Dr William Joseph Steiner Mailing Address 626 Linden A City Los Altos FEC ID number of contributing federal political committee. Name of Employer Self Employed	· 	Date of Receipt 1 1
Receipt For: Primary General Other (specify) ▼	Doctor of Optometry Aggregate Year-to-Date ▼	500.00
Full Name (Last, First, Middle Initia Dr Lauri L Anderwald Mailing Address 1213 Estrella: City		Date of Receipt M M D D Y Y Y Y Y Y Y Y
Keller FEC ID number of contributing federal political committee.	TX 76248-5711 C Occupation	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Doctor of Optometry Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initia Dr Alan L Kimpton Mailing Address 406 Nw 162N	,	Date of Receipt 1 1 1 1 2 2 0 0 9
City Seattle	State Zip Code WA 98177-3730	Transaction ID: 30853915 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupation	250.00
Receipt For: Primary General Other (specify) ▼	Doctor of Optometry Aggregate Year-to-Date ▼	250.00
SUBTOTAL of Receipts This Page (pptional)	1000.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 114 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any personal ress of any political committee to	13 14 15 16 on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association F			
Full Name (Last, First, Middle Initial) Dr Clayton B Rhodes			Date of Receipt
Mailing Address 5828 North Park Ro	oad		1 1 1 2 2 0 0 9
City	State	Zip Code	Transaction ID: 30853916
Hixson	TN	37343-4619	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:		Year-to-Date ▼	_
Primary General Other (specify) ▼	riggrogato	250.00	
Full Name (Last, First, Middle Initial) Dr Teresa L Carlson	I		Date of Receipt
Mailing Address 6607 South Forest	Way D		1 1 1 2 2 0 0 9
City	State	Zip Code	Transaction ID: 30853917
Centennial	CO	80121-3566	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Joseph D Schwallie			Date of Receipt
Mailing Address 2457 Gradwohl Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30853919
Toledo	OH	43617-1806	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional			1000.00

SCHEDULE A (FE ITEMIZED RECEIF	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 114 (check only one) X 11a
or for commercial purposes,	other than using the name and a	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE American Optometric	(In Full) Association Political Action	Committee	
Full Name (Last, First, Mi Dr Anne K Matsushima			Date of Receipt
Mailing Address 654 1 City	21n Avenue State	Zip Code	1 1 1 2 2 0 0 9 Transaction ID: 30853922
Honolulu	HI	96816-2201	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee	outing	03010 2201	500.00
Name of Employer Self Employed	Occupati Doctor o	on of Optometry	
Receipt For: Primary Other (specify) ▼	Aggregat	te Year-to-Date ▼ 500.00	
Full Name (Last, First, Min Dr Timothy E Elcyzyn			Date of Receipt
Mailing Address 816 M	liller Cv		11 1 12 2009
City	State	Zip Code	Transaction ID: 30853924
<u>Benton</u>	AR	72019-6102	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			250.00
Name of Employer Self Employed	Occupation Doctor	on of Optometry	
Receipt For:		te Year-to-Date	
Primary ☐ G Other (specify) ▼	eneral	250.00	
Full Name (Last, First, Min Dr Dick Edwards	ddle Initial)		Date of Receipt
Mailing Address 11305	Oakmont Court		11 1 12 2009
City	State	Zip Code	Transaction ID: 30853926
Fort Myers	FL	33908-2821	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			500.00
Name of Employer Self Employed	Occupati Doctor o	on of Optometry	
Receipt For: Primary Other (specify) ▼	Aggregat	te Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts Th	is Page (optional)		1250.00
	ge this line number only)	<u></u>	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	fo	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 35 / 114 (check only one) X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not e name and address	be sold or used by any pers of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action Com	mittee	
۷.	Full Name (Last, First, Middle Initial) Dr Elliott M Rosengarten			Date of Receipt
	Mailing Address 7135 Shefford Lane			11 / 14 / 2009
	City Louisville	State KY	Zip Code 40242-2854	Transaction ID: 30855907
	FEC ID number of contributing federal political committee.	C	40242-2004	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor of Opt	tometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 1000.00	
s. –	Full Name (Last, First, Middle Initial) Dr G. Chad Green Mailing Address 5960 Co Rd 19			Date of Receipt
				11 14 2009
	City Linden	State AL	Zip Code 36748	Transaction ID: 30855908 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30740	100.00
	Name of Employer Self Employed	Occupation Doctor of Opt	tometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 1100.00	
_	Full Name (Last, First, Middle Initial) Dr Markus I Barth			Date of Receipt
	Mailing Address 1346 Heller Drive			1 1 1 1 4 2 0 0 9
	City		Zip Code	Transaction ID: 30855909
	Yardley FEC ID number of contributing federal political committee.	C	19067-2714	Amount of Each Receipt this Period 66.67
	Name of Employer Self Employed	Occupation Doctor of Opi	tometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year	•	
Γ,	SUBTOTAL of Receipts This Page (optional)			416.67

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 114 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Kimberly D Ocampo Mailing Address 1011 Grant St Se			Date of Receipt 1 1 1 4 2 0 0 9
City Decatur FEC ID number of contributing	State AL	Zip Code 35601-3127	Transaction ID: 30855912 Amount of Each Receipt this Period 25.00
Receipt For: Primary Other (specify)	Occupatio Doctor o	n f Optometry e Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Dr Heath B Gilbert Mailing Address 5536 Laureldale Ro	d		Date of Receipt 1 1 1 4 2 0 0 9
City	State	Zip Code	Transaction ID: 30855913
Dayton	OH	45429-2024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		91.25
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Arlene T. H. Sokola	l		Date of Receipt
Mailing Address 213 Summer Wind	ls Dr Se		1 1 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30857157
Rio Rancho FEC ID number of contributing federal political committee.	C	87124	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional	al)		166.25

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 114 (check only one) X
C	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	olitical Action	Committee	
۸.	Full Name (Last, First, Middle Initial) Dr Brad Alan Kimball			Date of Receipt
	Mailing Address 5919 Sandalwood Dr		7:n Oada	11 15 2009
	City Billings	State MT	Zip Code 59106-9537	Transaction ID: 30857158 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
- 3.	Full Name (Last, First, Middle Initial) Dr Scott L Nehring			Date of Receipt
	Mailing Address 32840 S Meridian Ro	ad		11 15 2009
	City	State	Zip Code	Transaction ID: 30857159
	Woodburn FEC ID number of contributing federal political committee.	OR	97071-8768	Amount of Each Receipt this Period 42.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 462.00	
. –	Full Name (Last, First, Middle Initial) Dr Michael E Bennett			Date of Receipt
	Mailing Address 4940 Victoria Place			11 15 2009
	City	State OK	Zip Code	Transaction ID: 30857160
	Guthrie FEC ID number of contributing federal political committee.	C	73044-8668	Amount of Each Receipt this Period 303.04
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1696.99	
	SUBTOTAL of Receipts This Page (optional)	-1		470.04

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) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	
American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Larry C Wallis		Date of Receipt
Mailing Address 20 Kentshire Court	7.0.1	111 15 2009
City	State Zip Code	Transaction ID: 30857161
Greenville	DE 19807-2583	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) Dr Bruce L Manning		Date of Receipt
Mailing Address 487 Whitebark Circle)	11 / 16 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30857166
Wadsworth	OH 44281-2299	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	341.00]
Full Name (Last, First, Middle Initial) Dr Joel T Postma		Date of Receipt
Mailing Address 8806 53Rd Street Co	ourt W	1 1 1 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30857679
University PI	WA 98467-1748	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
		406.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 114 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr David H George Mailing Address 4371 E Chatham E City Port Clinton	Or State Zip Code OH 43452-2900	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00
Receipt For: Primary General Other (specify)	Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr John Michael Burke Mailing Address 253 Orchard Park	Dr	Date of Receipt 1 1 1 0 2 0 0 9
City	State Zip Code	Transaction ID: 30857684
Advance	NC 27006-7481	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr William D Marks		Date of Receipt
Mailing Address 15638 Indianhead	Lane	11 10 7 2009
City	State Zip Code	Transaction ID: 30857690
Strongsville FEC ID number of contributing federal political committee.	OH 44136-5334	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (option	al)	1115.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 114 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F	nd Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Hilaire A Pressley Mailing Address 4596 Treto Avenue City Las Vegas FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code NV 89141-4283 C Occupation Doctor of Optometry	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Kathryn A Beckman	Aggregate Year-to-Date ▼ 300.00	Date of Receipt
Mailing Address 765 W Turner Rd City Lodi FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code CA 95242-9646 C Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	Transaction ID: 30857694 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr Michael T Kolarik Mailing Address 2029 Chilhowee Loc City Walland FEC ID number of contributing federal political committee.	0 0 0 0 0 0 0 0	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional	l)	700.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 114 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any personing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association	n Political Action Committee	
Full Name (Last, First, Middle Initial) Dr William P Breen		Date of Receipt
Mailing Address 5788 South Lared	do Ct	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30857704
Centennial	CO 80015-4032	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Steven J Keith		Date of Receipt
Mailing Address 214 Morning Mist	t Way	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30857711
Woodstock	GA 30189-8193	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Timothy G Koop		Date of Receipt
Mailing Address 4912 Bluff Run D	Prive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30857910
Greensboro	NC 27455-2200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optic	onal)	550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 114 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Randall N Reichle Mailing Address 1818 Stacy Fall City Houston FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)	State Zip Code TX 77008 C Occupation Doctor of Optometry Aggregate Year-to-Date 833.30	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Freddie M Mayes Mailing Address 117 Magnolia Drive City Central City FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code KY 42330-1727 C Occupation Doctor of Optometry Aggregate Year-to-Date 550.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr Lee Ann Barrett Mailing Address 1199 E Morgan City Boonville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MO 65233-1336 C Occupation Doctor of Optometry Aggregate Year-to-Date 550.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		183.33

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	24-4	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 114 (check only one) X 11a
7	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Fo	ilicai Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Mark Edward Winston			Date of Receipt
	Mailing Address 9610 Melvin Ave			11 17 2009
	City	State	Zip Code	Transaction ID: 30857914
	Nothridge	CA	91324-3001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Name of Employer Self Employed	Occupation Doctor of	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 333.28	
Б.	Full Name (Last, First, Middle Initial) Dr Jennifer L Planitz Mailing Address 3537 New Castle Dr S	. I		Date of Receipt
		DE		11 17 2009
	City	State	Zip Code	Transaction ID: 30857915
	Rio Rancho	NM	87124-3672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	, '	f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2200.00	
С. С.	Full Name (Last, First, Middle Initial) Dr Craig F Clatanoff			Date of Receipt
	Mailing Address 3537 Newcastle Dr Se	e		11 17 2009
	City	State	Zip Code	Transaction ID: 30857916
	Rio Rancho	NM	87124-3672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Doctor of	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00	
	SUBTOTAL of Receipts This Page (optional) .			341.66
T	TOTAL This Period (last page this line numbe	r only)		

FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Jonathan Kaplan Mailing Address 60 Scarborough Road City State Zip C	Date of Receipt Date of Receipt
A. Dr Ihor N Fedoriw Mailing Address 4134 Cambridge Court City Schnecksville PA 1807 FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optome Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Jonathan Kaplan Mailing Address 60 Scarborough Road City State Zip Coumberland RI 0286 FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employed Coccupation Doctor of Optome Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Russell R Auclair Mailing Address 18 Maureen Dr	Transaction ID: 30858563 Amount of Each Receipt this Period 500.00 Date of Receipt 1 1 1 6 2 0 0 9 Transaction ID: 30858580 Amount of Each Receipt this Period Amount of Each Receipt this Period
Schnecksville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Jonathan Kaplan Mailing Address 60 Scarborough Road City State Zip Comberland FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Russell R Auclair Mailing Address 18 Maureen Dr	Transaction ID: 30858563 Amount of Each Receipt this Period 500.00 Date of Receipt M M M
federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Jonathan Kaplan Mailing Address FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Cumberland FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Russell R Auclair Mailing Address 18 Maureen Dr	Date of Receipt M M
Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Dr Jonathan Kaplan Mailing Address 60 Scarborough Road City Cumberland FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Dr Russell R Auclair Mailing Address 18 Maureen Dr	Date of Receipt M
B. Dr Jonathan Kaplan Mailing Address 60 Scarborough Road City State Zip C Cumberland RI 0286 FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optome Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Russell R Auclair Mailing Address 18 Maureen Dr	Dide Transaction ID: 30858580 Amount of Each Receipt this Period
Cumberland FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Russell R Auclair Mailing Address 18 Maureen Dr	Transaction ID: 30858580 4-3481 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr Russell R Auclair Mailing Address 18 Maureen Dr	
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Russell R Auclair Mailing Address 18 Maureen Dr	106 00
Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Dr Russell R Auclair Mailing Address 18 Maureen Dr	120.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Russell R Auclair Mailing Address 18 Maureen Dr	try
Dr Russell R Auclair Mailing Address 18 Maureen Dr	375.00
	Date of Receipt
City State Zip C	11 1 16 2009
Smithfield RI 029 ⁻	Transaction ID: 30858581 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	125.00
Name of Employer Occupation Self Employed Doctor of Optome	try
Receipt For: Primary General Other (specify) Aggregate Year-to-D	<u> </u>
SUBTOTAL of Receipts This Page (optional)	225.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	he name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr John E Ormando Mailing Address 34 Chaffee Street City Rumford FEC ID number of contributing federal political committee. Name of Employer Self Employed		f Optometry	Date of Receipt M M M 16 2009 Transaction ID: 30858583 Amount of Each Receipt this Period 175.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate	e Year-to-Date ▼ 290.00	
Dr Dan A Nielsen Mailing Address 110 E Rogers City Salem FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)		Zip Code 62881-2901 on f Optometry e Year-to-Date 250.00	Date of Receipt M M M / D D 2 2 0 0 9 Transaction ID: 30859015 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr David E Palozej Mailing Address 42 Edgewood Street City Stafford Spgs FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State CT C Occupatio Doctor o	Zip Code 06076-1210 n f Optometry e Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			1425.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 114 (check only one) X 11a
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr Debra Lee Stoenner Mailing Address Box 8			Date of Receipt 1 1 1 3 2 0 0 9
	City <u>Hayden Lake</u>	State ID	Zip Code 83835-0008	Transaction ID: 30859020 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		on f Optometry e Year-to-Date ▼ 750.00	
В.	Full Name (Last, First, Middle Initial) Dr Lynne Elaine Pierce Mailing Address 1399 County Line Rd			Date of Receipt
	City	State	Zip Code	Transaction ID: 30859022
	York Springs FEC ID number of contributing federal political committee.	C	17372-9021	Amount of Each Receipt this Period 365.00
	Name of Employer Self Employed	Occupation Doctor of	on f Optometry	7
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
_ C.	Full Name (Last, First, Middle Initial) Dr Russell T Simmons			Date of Receipt
	Mailing Address 2925 Hot Springs Hig	jhway		1 1 1 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Benton	State AR	Zip Code 72019-1894	Transaction ID: 30859025 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1615.00

SCHEDULE A ITEMIZED REC	` ,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 114 (check only one) X 11a
or for commercial purp	oses, other than using the name a	nd address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Find Dr Richard N Randol Mailing Address		ate Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Wilson FEC ID number of o	ontributing NC	•	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary Other (specify	Occu Doc Aggi General	upation tor of Optometry regate Year-to-Date ▼ 250.00	
City	oth Po Box 302 06 Davis Hill Road Sta		Date of Receipt M
New London FEC ID number of of federal political com Name of Employer Self Employed	mittee.	1 03257-0302	Amount of Each Receipt this Period 166.00
Receipt For: Primary Other (specify	General Agg	regate Year-to-Date Table 1826.00	
Full Name (Last, Fin Dr David M Eads Mailing Address	st, Middle Initial)		Date of Receipt
City Somerset	Sta KY	'	Transaction ID: 30859037 Amount of Each Receipt this Period
FEC ID number of of federal political com	mittee.		500.00
Name of Employer Self Employed Receipt For:	Doc	upation tor of Optometry regate Year-to-Date ▼	
Primary Other (specify	General	500.00	
SUBTOTAL of Receip	ots This Page (optional)		916.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 114 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr James C Falconer, Jr		Date of Receipt
Mailing Address 3421 Kachemak Circ	State Zip Code	1 1 1 8 2 0 0 9 Transaction ID: 30865375
Anchorage	AK 99515-2380	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer Self Employed	Occupation Doctor of Optometry	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 924.00	
Full Name (Last, First, Middle Initial) Dr Linda M Yee		Date of Receipt
Mailing Address 48277 Hackeberry Si		11 / 18 / 2009
City	State Zip Code	Transaction ID: 30865378
Fremont	CA 94539-7616	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	275.00	
Full Name (Last, First, Middle Initial) Dr Patrick N Reber		Date of Receipt
Mailing Address 9650 Etolin Circle		11 / 18 / 2009
City	State Zip Code	Transaction ID: 30865379
Eagle River	AK 99577-8787	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	55.55
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 667.95]
SUBTOTAL of Receipts This Page (optional)	<u>'</u>	164.55

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 114 (check only one) X 11a
or	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Pol	itical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Jason A Ricks Mailing Address 108 Agate Drive			Date of Receipt
		Ctata	7: O. d.	11 18 2009
	City Lewistown	State MT	Zip Code 59457-3202	Transaction ID: 30865380 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
— В.	Full Name (Last, First, Middle Initial) Dr Robert J Blumthal	1		Date of Receipt
	Mailing Address 119 Exmore Drive			11 18 2009
	City	State	Zip Code	Transaction ID: 30865381
	Springfield FEC ID number of contributing federal political committee.	C	62704-3137	Amount of Each Receipt this Period 238.11
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2262.06	
— S.	Full Name (Last, First, Middle Initial) Dr Susan M Brunnett			Date of Receipt
	Mailing Address 9940 S Ashleigh Way			11 1 9 2009
	City	State CO	Zip Code	Transaction ID: 30878037
	Highlands Ranch FEC ID number of contributing federal political committee.	C	80126-4244	Amount of Each Receipt this Period 90.90
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 909.00	
SI	JBTOTAL of Receipts This Page (optional)			359.01
	OTAL This Period (last page this line number		<u> </u>	

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) X 11a 11b 11c 12 13 14 15 16
	Statements may not be sold or used by any pers he name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson		Date of Receipt
Mailing Address 9940 S Ashleigh Wa	у	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30878038
Highlands Ranch	CO 80126-4244	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	181.81
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1818.10	
Full Name (Last, First, Middle Initial)		Data of Descript
Dr Pamela E Theriot Mailing Address 120 W Vuelta Friso		Date of Receipt 1 1 1 9 2 0 0 9
City	State Zip Code	Transaction ID: 30878039
Sahuarita	AZ 85629-8672	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Dr Darla S Barrow		Date of Receipt
Mailing Address 2864 Cave Springs F	Rd	11 19 2009
City	State Zip Code	Transaction ID: 30878040
Auburn	KY 42206-9713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Primary General	250.00	294

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) X 11a 11b 11c 12 13 14 15 16 17
	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association Pol	itical Action Committee	
Full Name (Last, First, Middle Initial) Dr Ronald Lee Hopping Mailing Address 1801 Creekside Dr		Date of Receipt
City	State Zip Code	1 1 1 9 2 0 0 9 Transaction ID: 30878041
Friendswood	TX 77546-7821	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	181.82
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1818.20	
Full Name (Last, First, Middle Initial) Dr Desiree Tyer Hopping		Date of Receipt
Mailing Address 1801 Creekside Dr		11 19 / 2009
City	State Zip Code	Transaction ID: 30878042
Friendswood	TX 77546-7821	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	181.82
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1818.20	
Full Name (Last, First, Middle Initial) Dr Robert F Brooks		Date of Receipt
Mailing Address 452 Bluebird Dr		11 19 7 9 9
City	State Zip Code	Transaction ID: 30878043
Russell	KY 41169-1570	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional)		413.64
TOTAL This Period (last page this line number	·	

	EHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 114 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or f	r information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Polit	name and ad	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr Lynn A Davis Mailing Address 1424 Tiffany Lane Se City Rio Rancho FEC ID number of contributing federal political committee. Name of Employer Self Employed	State NM C		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify) ▼		f Optometry e Year-to-Date ▼ 833.39	
B.	Full Name (Last, First, Middle Initial) Dr David S Hays Mailing Address 5421 95Th Ave Ct Wes City	st State	Zip Code	Date of Receipt 1 1 1 9 2 0 0 9
	University PI FEC ID number of contributing federal political committee.	WA C	98467-1307	Transaction ID: 30878045 Amount of Each Receipt this Period 42.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	. '	n f Optometry e Year-to-Date ▼ 210.00	
) .	Full Name (Last, First, Middle Initial) Dr Mario Joseph Contaldi Mailing Address 7728 Mid-Cities Blvd			Date of Receipt 1 1 1 9 2 0 0 9
	City North Richland Hil FEC ID number of contributing	State TX	Zip Code 76180-4621	Transaction ID: 30878046 Amount of Each Receipt this Period 83.33
	rederal political committee. Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify)	. '	e Year-to-Date ▼ 833.30	
SU	IBTOTAL of Receipts This Page (optional)	<u> </u>		208.67

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 114 (check only one) X 11a 11b 11c 12 13 14 15 16 1
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persor g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr William J Lindahl		Date of Receipt
Mailing Address 30624 Lyndon		11 17 2009
City	State Zip Code	Transaction ID: 30884198
Livonia	MI 48154-4349	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Victor A Richardson		Date of Receipt
Mailing Address 230 Farmington Av	venue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30884199
Farmington	CT 06032-1916	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Brian J Plattner		Date of Receipt
Mailing Address 107 Willow Ln		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30884202
Knoxville	IL 61448-1057	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	865.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 114 (check only one) X 11a
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Diane Cowger Mailing Address 460 Silver Oaks D		Date of Receipt 1 1 7 7 2 0 0 9
City	State Zip Code	Transaction ID: 30884203
Harrisonburg FEC ID number of contributing federal political committee.	VA 22801-3579	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr Jeffery D La Plume Mailing Address 1492 El Tair Trail		Date of Receipt 1 1 1 7 2 0 0 9
City	State Zip Code	Transaction ID: 30884207
Clearwater	FL 33765-1813	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Garett M Wise	I	Date of Receipt
Mailing Address 1400 Horry Road		1 1 1 6 2 0 0 9
City	State Zip Code	Transaction ID: 30884260
Aynor	SC 29511-4942	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (option	I	1115.00

A.

В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 55 / 114
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
TI LIVIIZED TILCEIF 13			X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Optometric Association Politi	ical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Dale L Tosland			Date of Receipt
Mailing Address 2328 Cedar Park Loop	Se		1 1 1 6 2 0 0 9
City	State	Zip Code	Transaction ID: 30884262
Olympia	WA	98501-4374	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:		Year-to-Date ▼	
Primary General	1.99.19		1
Other (specify) ▼	0 0	365.00	
Full Name (Last, First, Middle Initial) Dr Troy L Smith			Date of Receipt
Mailing Address 1908 Canyon Rd P O Box 969			1 1 1 6 2 0 0 9
City	State	Zip Code	Transaction ID: 30884270
<u>Alva</u>	OK	73717-1712	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:	Aggregate	Year-to-Date	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr Kevin L Alexander			Date of Receipt
Mailing Address 2116 Wildwood Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30884328
Fullerton	CA	92831-1339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:		Year-to-Date ▼	
Primary General	33 - 3 //-		1
Other (specify) ▼	0 0	550.00	
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) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association P	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Edwin Y Endo Mailing Address 98828 Hiliu Pl			Date of Receipt 1 1 2 0 2 0 9
City Aiea FEC ID number of contributing	State HI	Zip Code 96701-2785	1 1 2 0 2 0 0 9 Transaction ID: 30884329 Amount of Each Receipt this Period 41.66
Receipt For: Primary Other (specify)	Occupatio Doctor of	n f Optometry e Year-to-Date ▼]
Full Name (Last, First, Middle Initial) Dr lan B Gaddie Mailing Address 5600 Schuler Lane			Date of Receipt 1 1 2 0 2 0 9
City	State	Zip Code	Transaction ID: 30884331
Prospect FEC ID number of contributing federal political committee.	C	40059-9501	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify)		n f Optometry • Year-to-Date ▼ 750.00	1
Full Name (Last, First, Middle Initial) Dr Thomas E Nye	0 0		Date of Receipt
Mailing Address 42 Tabor Lane			11 20 20 2009
City Hamilton	State OH	Zip Code 45013-5118	Transaction ID: 30884332 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40010 0110	86.36
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 827.24	
SUBTOTAL of Receipts This Page (optional)		378.02

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 114 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	Statements may not be sold or used by any personnen ne name and address of any political committee to solitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Curtis L Dix Mailing Address 501 E. Ridgeview		Date of Receipt
		11 20 2009
City Culver	State Zip Code OR 97734-9712	Transaction ID: 30884333
FEC ID number of contributing federal political committee.	OR 97734-9712	Amount of Each Receipt this Period 125.00
Name of Employer Self Employed Receipt For: Primary General	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Matthew J Maki	300.00	Date of Receipt
Mailing Address 372 Split Rail Ridge	7.0.4	11 20 2009
City Williamston	State Zip Code MI 48895-1668	Transaction ID: 30884334 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Dr William H Bedwell		Date of Receipt
Mailing Address 207 Michael Drive		1 1 1 7 2 0 0 9
City Robinson	State Zip Code IL 62454-2511	Transaction ID: 30884429 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		450.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS Any information copied from such Benor	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 114 (check only one) X
or for commercial purposes, other than u NAME OF COMMITTEE (In Full) American Optometric Association	ts and Statements may not be sold or used by any perso sing the name and address of any political committee to on Political Action Committee	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Montgomery Vickers		Date of Receipt
Mailing Address 94 Gladewood I	_ane	11 17 2009
City	State Zip Code	Transaction ID: 30884435
Hurricane	WV 25526-9270	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Brian L Starr		Date of Receipt
Mailing Address 130 Dartmouth	Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30884436
Lexington	OH 44904-9342	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Edward Melman		Date of Receipt
Mailing Address 425 Barby Lane		1 1 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30884437
Cherry Hill	NJ 08003-3447	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (opt	tional)	915.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	ry of the
Any information copied from such Reports an or for commercial purposes, other than using	Language Lan	ad by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association F		
Full Name (Last, First, Middle Initial) Dr Gerald D Furnari		Date of Receipt
Mailing Address 948 North Krome A	/enue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30884440
Homestead	FL 33030-4409	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	91.25
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date	
Primary General Other (specify) ▼	Aggregate rear-to-Date V	273.75
Full Name (Last, First, Middle Initial) Dr Troy S Hockemeyer	•	Date of Receipt
Mailing Address 5515 Monroeville Re	d	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30884453
Fort Wayne	IN 46816-9405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) Dr George W Payne, Jr		Date of Receipt
Mailing Address 104 Dogwood		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30884456
Levelland	TX 79336-6808	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	182.50
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		365.00
SUBTOTAL of Receipts This Page (optiona		523.75

SCHEDULE /	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 114 (check only one) X 11a
or for commercial pu	rposes, other than using the n	ame and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr Tom W Clyde Mailing Address City Colorado Spg FEC ID number federal political c	of contributing ommittee.	State CO	Zip Code 80907-7805	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employed Self Employed Receipt For: Primary Other (spe	General		Optometry Year-to-Date ▼ 250.00]
Dr Robert Neal W Mailing Address	First, Middle Initial) illiams, Jr 1109 Links Road			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Myrtle Beach FEC ID number of federal political communications.	ommittee.	State SC	Zip Code 29575-5879	Transaction ID: 30884511 Amount of Each Receipt this Period 500.00
Name of Employed Receipt For: Primary Other (spe	General		Optometry Year-to-Date ▼ 500.00	
Dr William W Hate	First, Middle Initial) ely 23560 E Moraine Place			Date of Receipt 1 1 2 2 2 0 0 9
City Aurora FEC ID number	of contributing	State CO	Zip Code 80016-7039	Transaction ID: 30885207 Amount of Each Receipt this Period
federal political c	ommittee.	Occupation Doctor of	Optometry	50.00
Receipt For: Primary Other (spe	General		Year-to-Date ▼ 550.00	
SUBTOTAL of Rea	eeipts This Page (optional))	800.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 114 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association I	Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr Kristie J Bennett			Date of Receipt
Mailing Address 1251 Cumberland I	Rd Ne		11 22 4 2009
City	State	Zip Code	Transaction ID: 30885215
Atlanta	GA	30306-2219	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Atlanta Ophthalmology Ass-	Occupation Doctor of	n f Optometry	
ociates Receipt For:		Year-to-Date ▼	\dashv
Primary General Other (specify) ▼	Aggregate	225.00	
Full Name (Last, First, Middle Initial) Dr Dirk Michael Beyer			Date of Receipt
Mailing Address 709 South 5Th St			1 1 2 3 2 0 0 9
City	State	Zip Code	Transaction ID: 30885218
<u>Hamilton</u>	MT	59840-2755	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Dr Kathleen E Goff			Date of Receipt
Mailing Address 114 Crested Peak			11 23 7 9 9
City	State	Zip Code	Transaction ID: 30885219
Santa Teresa	NM	88008-9423	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		86.36
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	913.60	
SUBTOTAL of Receipts This Page (optional	al)		161.36

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 114 (check only one) X 11a
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
∡.	Full Name (Last, First, Middle Initial) Dr Kevin L Gee			Date of Receipt
	Mailing Address Po Box 18075 Gee Eye Care			11 23 7 2009
	City	State	Zip Code	Transaction ID: 30885220
	Sugar Land FEC ID number of contributing federal political committee.	C	77496-8075	Amount of Each Receipt this Period 90.91
	Name of Employer Self Employed	Occupation Doctor of	on f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 909.10	
- 3.	Full Name (Last, First, Middle Initial) Dr Larry D Gunnell Mailing Address #7 Brenna Dr			Date of Receipt
				11 23 2009
	City	State	Zip Code	Transaction ID: 30885221
	Wichita Falls FEC ID number of contributing federal political committee.	C	76302-2506	Amount of Each Receipt this Period 83.33
	Name of Employer Self Employed	Occupation Doctor of	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 833.30	
-).	Full Name (Last, First, Middle Initial) Dr Christy Lynn Warford			Date of Receipt
	Mailing Address 3601 Lareforma			1 1 2 3 2 0 0 9
	City	State	Zip Code	Transaction ID: 30885222
	Baytown	TX	77521-9175	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer Self Employed	- · ·	f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 833.40	
	SUBTOTAL of Receipts This Page (optional)			257.58
-	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 114 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Mario A Caballero Mailing Address 1080 Loma De Alma City El Paso FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State TX C Occupation Doctor of	Zip Code 79934	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate	909.10	Deta of Resoirt
Dr Lillian T Kalaczinski Mailing Address 2218 Beatrice Dr Ne			Date of Receipt 1 1 2 3 2 0 0 9
City	State	Zip Code	Transaction ID: 30885224
Grand Rapids FEC ID number of contributing federal political committee.	C	49505-3947	Amount of Each Receipt this Period 42.86
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 257.16	
Full Name (Last, First, Middle Initial) Dr Steven K Cox			Date of Receipt
Mailing Address 4 Cypress Circle			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30885433
Uvalde	TX	78801-6806	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))	383.77

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 114 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	
American Optometric Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Virginia F Sosa		Date of Receipt
Mailing Address #4 Cypress Circle City	State Zip Code	1 1 2 0 2 0 0 9 Transaction ID: 30885434
Uvalde	TX 78801-6806	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Charles Richard Gilliam		Date of Receipt
Mailing Address 1618 Lazy Lane		11 20 7 2009
City	State Zip Code	Transaction ID: 30885435
High Point	NC 27265-2491	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr Gary Keith Bockhold		Date of Receipt
Mailing Address 7416 South Sereno	a Drive	11 20 7 2009
City	State Zip Code	Transaction ID: 30885438
Sarasota	FL 34241-9137	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
CURTOTAL of Descripts This Descriptions	l)	1000.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 114 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any pen using the name and address of any political committee ation Political Action Committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initia Dr Brian D Cin	·	Date of Receipt
Mailing Address 11912 Town I City	State Zip Code	1 1 2 0 7 2 0 0 9 Transaction ID: 30885441
Eagle River	AK 99577-7788	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initia Dr Craig G. Hoover Mailing Address 700 Friendshi	,	Date of Receipt
	•	11 20 2009
City	State Zip Code	Transaction ID: 30885445
Culpeper FEC ID number of contributing federal political committee.	VA 22701-4337	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initia Dr Tom A Hyde	J)	Date of Receipt
Mailing Address 1414 Darbee	Dr	11 20 7 2009
City	State Zip Code	Transaction ID: 30885446
<u>Morristown</u>	TN 37814-3323	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SURTOTAL of Possints This Page /	optional)	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66/114 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association F	Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr Mark P Smith			Date of Receipt
Mailing Address 109 Harper Street			11 19 2009
City Brookhaven	State MS	Zip Code 39601-2133	Transaction ID: 30888089 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39001-2133	500.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Carmen Frank Castellano			Date of Receipt
Mailing Address 631 Carman Meado	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 30888097
Manchester FEC ID number of contributing federal political committee.	MO C	63021-8013	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	<u> </u>	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Michael J. Cohn			Date of Receipt
Mailing Address 47 Wayside Rd			11 19 2009
City Westborough	State MA	Zip Code 01581-3622	Transaction ID: 30888103
FEC ID number of contributing federal political committee.	C	01301-3022	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		1250.00

NAM Ame Full Dr C Maili City Billi FEC fede Nam Self	Perican Optometric Association Poerican Optometric Poerican Optometric Poerican Optometric Poerican Optometric Poerican Optometric Poerican Poerican Optometric Poerican Optometric Poerican P		Date of Receipt Date of Receipt Transaction ID: 30889608
Amalia Full I	Porican Optometric Association Por Name (Last, First, Middle Initial) arl J Roth, III ng Address 1048 Alderson Avenuating and Political Committee. Primary General Other (specify)	e State Zip Code MT 59102-4216 C Occupation Doctor of Optometry Aggregate Year-to-Date	Transaction ID: 30889608 Amount of Each Receipt this Period
City Billi FEC fede Nam Self	arl J Roth, III ng Address 1048 Alderson Avenu ngs ID number of contributing ral political committee. e of Employer Employed eipt For: Primary General Other (specify)	State Zip Code MT 59102-4216 C Occupation Doctor of Optometry Aggregate Year-to-Date	Transaction ID: 30889608 Amount of Each Receipt this Period
City Billi FEC fede Nam Self	ID number of contributing ral political committee. e of Employer Employed eipt For: Primary General Other (specify)	State Zip Code MT 59102-4216 C Occupation Doctor of Optometry Aggregate Year-to-Date	Transaction ID: 30889608 Amount of Each Receipt this Period
Reco	ID number of contributing ral political committee. e of Employer Employed eipt For: Primary General Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date	
Nam Self Rece	e of Employer Employed eipt For: Primary Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date ▼	30.00
Rece	eipt For: Primary General Other (specify) ▼	Doctor of Optometry Aggregate Year-to-Date ▼	7
	Primary General Other (specify) ▼		
Full	Alexandria de Cara Artelana de Cara		-
	Name (Last, First, Middle Initial) ennifer E Davis		Date of Receipt
	ng Address 16 Pambrook Dr		11 24 2009
City		State Zip Code	Transaction ID: 30889609
<u>Fish</u>	nersville	VA 22939-2123	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C	45.00
Nam Self	e of Employer Employed	Occupation Doctor of Optometry	
Rece	eipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
	Name (Last, First, Middle Initial) rian J Blount		Date of Receipt
Maili ——	ng Address 5830 N. Circuit		11 24 2009
City		State Zip Code	Transaction ID: 30889611
<u>Bea</u>	umont	TX 77706-4428	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C	181.82
	e of Employer Employed	Occupation Doctor of Optometry	
Rece	eipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1818.20	
SURT	OTAL of Receipts This Page (optional)		256.82

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 114 (check only one) X
A C	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Dr Teresa M Seim Mailing Address 7328 Glade Trail			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City <u>Ka</u> lamazoo	State MI	Zip Code 49009-5921	Transaction ID: 30889612
	FEC ID number of contributing federal political committee.	C	49005-3921	Amount of Each Receipt this Period 42.00
	Name of Employer Self Employed Receipt For: Primary General		on f Optometry e Year-to-Date ▼	
_	Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	210.00	
•	Dr Pamela A Lowe Mailing Address 6835 Concord Lane			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 30889613
	Niles FEC ID number of contributing federal political committee.	C	60714-4431	Amount of Each Receipt this Period 100.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 400.00	
. –	Full Name (Last, First, Middle Initial) Dr Martin H Carroll			Date of Receipt
	Mailing Address 3700 Essex Road			11 24 2009
	City	State	Zip Code	Transaction ID: 30889615
	Cheyenne FEC ID number of contributing federal political committee.	C	82001-1641	Amount of Each Receipt this Period 100.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	7
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional)	1		242.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F	d Statements may not be sold or used by any personal the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Thomas Matthew Bobst Mailing Address 21285 Avalon Drive City Rocky River FEC ID number of contributing federal political committee. Name of Employer	State Zip Code OH 44116-1121 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Doctor of Optometry Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Ted A Mc Elroy Mailing Address 2812 Ridge Avenue	North	Date of Receipt 1 1 2 4 2 0 0 9
City	State Zip Code	Transaction ID: 30889617
<u>Tifton</u>	GA 31794-1327	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Diane E Reddin		Date of Receipt
Mailing Address P O Box 66		11 24 2009
City	State Zip Code	Transaction ID: 30889618
Crawford	CO 81415-0066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
	l)	600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70/114 (check only one)
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association I	Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr Dennis M Brtva			Date of Receipt
Mailing Address 57 Pebblebrook Ct			M M / D D / Y Y Y Y Y 1 Y 1 1 1 2 4 2 0 0 9
City	State	Zip Code	Transaction ID: 30895368
Bloomington FEC ID number of contributing federal political committee.	C	61705-6300	Amount of Each Receipt this Period 85.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 935.00	
Full Name (Last, First, Middle Initial) Dr Neha Amin	-		Date of Receipt
Mailing Address 22220 N 37th Way			1 1 2 4 2 0 0 9
City	State	Zip Code	Transaction ID: 30907633
Phoenix FEC ID number of contributing federal political committee.	C	85050-8344	Amount of Each Receipt this Period 350.00
Name of Employer Self Employed	Occupatio	n f Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) Dr Neil W Draisin			Date of Receipt
Mailing Address 21 Fairway Village	Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Isle Of Palms	State SC	Zip Code 29451-2732	Transaction ID: 30916491
FEC ID number of contributing federal political committee.	C	23431-2732	Amount of Each Receipt this Period 91.25
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	- , '	Year-to-Date ▼ 282.50	
SUBTOTAL of Receipts This Page (optional			526.25

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) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po			
Full Name (Last, First, Middle Initial) Dr Margarette R Recalde Mailing Address 716 Magnolia Ave City Clovis FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State CA C Occupatio Doctor o	Zip Code 93611-6269	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Alice Sterling Mailing Address 5727 Canton Cove #* City Winter Springs FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State FL C Occupatio Doctor o	Zip Code 32708-5033 n f Optometry e Year-to-Date ▼ 245.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Steven D Sloan Mailing Address 1723 Carriage Hill Ct City Dubuque FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State IA C Occupation Doctor o	Zip Code 52003-8584 n f Optometry Year-to-Date 220.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional))	585.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 114 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any perso g the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Jonathan Toso Mailing Address 1101 Angel Ln City Canton FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code SD 57013-2634 C Occupation Doctor of Optometry Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Maryjane Healey Mailing Address 6710 124Th Place City Snohomish FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	Se State Zip Code WA 98296-8649 C Occupation Doctor of Optometry Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Curtis A Ono Mailing Address 822 W Barrett City Seattle FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code WA 98119-1829 C Occupation Doctor of Optometry Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼	220.00	240.00

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 15 16 15 16 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association P	d Statements may not be sold or used by any pe the name and address of any political committee Political Action Committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr Todd M Hamilton Mailing Address 278 Falmouth Road		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Windham FEC ID number of contributing federal political committee.	State Zip Code ME 04062-4815	Transaction ID: 30918366 Amount of Each Receipt this Period 33.33
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 366.63	
Full Name (Last, First, Middle Initial) Dr Blaine A Littlefield Mailing Address 27 Wilderness Drive)	Date of Receipt 1 1 2 7 2 0 0 9
City	State Zip Code	Transaction ID: 30918367
Freeport	ME 04032-5824	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33.33
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 366.63	
Full Name (Last, First, Middle Initial) Dr Michelle A Broderick	1	Date of Receipt
Mailing Address 7 Broad Sound Ln		11 27 2009
City	State Zip Code	Transaction ID: 30918368
Freeport FEC ID number of contributing federal political committee.	ME 04032-6297	Amount of Each Receipt this Period 33.34
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 366.74	
)	100.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 114 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	g the name and add	ress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr Steven C Ezzell Mailing Address 649 Mathew Ct			Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Abilene FEC ID number of contributing federal political committee.	State TX	Zip Code 79602-5246	Transaction ID: 30918369 Amount of Each Receipt this Period 100.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	 '	Optometry Year-to-Date 900.00	
Full Name (Last, First, Middle Initial) Dr C. Thomas Crooks, III Mailing Address 1229 Highland Lak	es Trail		Date of Receipt 1 1 2 7 2 0 0 9
City	State	Zip Code	Transaction ID: 30918370
Birmingham	AL	35242-6886	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Dr Rodney D Fair			Date of Receipt
Mailing Address 1169 Coneflower V	Vay		M M / D D / Y Y Y Y Y Y 1 1 1 2 7 2 0 0 9
City	State	Zip Code	Transaction ID: 30918371
Brighton FEC ID number of contributing federal political committee.	CO	80601-6785	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		200.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 114 (check only one) X
A	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol			on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Dr Beth A Kneib			Date of Receipt
	Mailing Address 602 Nw 163Rd St			11 28 2009
	City Shoreline	State WA	Zip Code 98177-3727	Transaction ID: 30918407
	FEC ID number of contributing federal political committee.	C	90177-3727	Amount of Each Receipt this Period 41.66
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify)	, '	e Year-to-Date ▼ 458.26	
3.	Full Name (Last, First, Middle Initial) Dr Trevor J Cleveland Mailing Address 1610 Wilson Court	1		Date of Receipt
				11 28 2009
	City	State OR	Zip Code	Transaction ID: 30918408
	Eugene FEC ID number of contributing federal political committee.	C	97402-3361	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	
_	Full Name (Last, First, Middle Initial) Dr Peter H Kehoe			Date of Receipt
	Mailing Address 789 N Broad			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 30918409
	Galesburg FEC ID number of contributing federal political committee.	C	61401-2766	Amount of Each Receipt this Period 175.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify)	, '	e Year-to-Date ▼ 1925.00	
	SUBTOTAL of Receipts This Page (optional)	1		266.66

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	y not be sold or used by any person dress of any political committee to	
American Optometric Association Po	olitical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Sue E Lowe			Date of Receipt
Mailing Address 1704 Skyline Drive			11 28 2009
City	State	Zip Code	Transaction ID: 30918410
Laramie	WY	82070-8932	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		166.66
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1833.26	
Full Name (Last, First, Middle Initial) Dr William R Burges	1		Date of Receipt
Mailing Address 988 Cr 477			M M / D D / Y Y Y Y Y 1 1 1 2 8 2 0 0 9
City	State	Zip Code	Transaction ID: 30918411
Castroville	TX	78009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.34
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 833.40	
Full Name (Last, First, Middle Initial) Dr Larry G Obie			Date of Receipt
Mailing Address 1330 12Th Ave			M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
City Havre	State MT	Zip Code 59501-5401	Transaction ID: 30918412 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	_
Receipt For: Primary General Other (specify) ▼	-, '	e Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)		_	300.00

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 114 (check only one) X
0	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli			on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr Andrea P Thau Mailing Address 170 East 83 Street City New York FEC ID number of contributing federal political committee.	State NY	Zip Code 10028-1920	Date of Receipt 1 1 2 8 2 0 0 9 Transaction ID: 30918413 Amount of Each Receipt this Period 166.67
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	+ +	n f Optometry e Year-to-Date ▼ 1833.37	
3.	Full Name (Last, First, Middle Initial) Dr Albert S Licup Mailing Address 226 S Harvey Ave City	State	Zip Code	Date of Receipt M
	Oak Park FEC ID number of contributing federal political committee.	IL C	60302-2579	Amount of Each Receipt this Period 41.67
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n f Optometry e Year-to-Date ▼ 458.37	
_ ;.	Full Name (Last, First, Middle Initial) Dr Kenneth Ray Moultrie Mailing Address 1809 Gaslight Way			Date of Receipt 1 1 2 8 2 0 0 9
	City	State	Zip Code	Transaction ID: 30918415
	Huntsville FEC ID number of contributing federal political committee.	C	35801-1555	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify)	, '	e Year-to-Date ▼ 550.00	
\[SUBTOTAL of Receipts This Page (optional))	258.34

SCHEDULE A (I	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 114 (check only one) X 11a
or for commercial purpos NAME OF COMMITT	es, other than using the name a	and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First Dr Jacqueline M Bower Mailing Address 39 City	30 W 19Th St Ln	ate Zip Code	Date of Receipt 1 1
Greeley FEC ID number of co federal political comm	ntributing ittee.		Amount of Each Receipt this Period 50.00
Name of Employer Self Employed Receipt For: Primary Other (specify)	Doc Agg General	prepation of Optometry pregate Year-to-Date ▼ 550.00	
Full Name (Last, First Dr Scott M Burks Mailing Address P	, Middle Initial) O Box 1351		Date of Receipt 1 1 2 8 2 0 0 9
City Buffalo	St M	ate Zip Code O 65622-1351	Transaction ID: 30918417
FEC ID number of confederal political comm	ntributing	0 63022-1331	Amount of Each Receipt this Period 125.00
Name of Employer Self Employed		upation ctor of Optometry	
Receipt For: Primary Other (specify)	General	gregate Year-to-Date ▼ 875.00	
Full Name (Last, First Dr Michele R Haranin Mailing Address 30	, Middle Initial) 1 Concord Road		Date of Receipt 1 1 2 8 2 0 0 9
City		ate Zip Code	Transaction ID: 30918418
Dover FEC ID number of confederal political comm		E 19904-9100	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed		upation ctor of Optometry	
Receipt For: Primary Other (specify)	General	gregate Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts	This Page (optional)		225.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for eacl	parate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 79 / 114 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli			n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Jeffrey J Kenyon Mailing Address 5098 Ravine Drive City Middleville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip C	ode 3-8482 etry ate ▼	Date of Receipt M M M / 28 / 2009 Transaction ID: 30918419 Amount of Each Receipt this Period 20.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Robert J Fleckenstein Mailing Address 1830 Rebel Ridge City Anchorage	State Zip C AK 9950	205.00 ode 4-2900	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	Occupation Doctor of Optome Aggregate Year-to-D	etry	85.00
Full Name (Last, First, Middle Initial) Dr Lindsey M Clyde Mailing Address 3030 N Hayden City	State Zip C	ode	Date of Receipt 1 1 2 8 2 0 0 9 Transaction ID: 30918424
Scottsdale FEC ID number of contributing federal political committee.	•	1-6680	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: □ Primary □ General Other (specify) ▼	Occupation Doctor of Optome Aggregate Year-to-D		
SUBTOTAL of Receipts This Page (optional)		·····•	355.00

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) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association Polit	ical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Samuel D Pierce			Date of Receipt
Mailing Address 2679 Vesclub Circle			11 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30930250
Vestavia Hills	AL	35216-1356	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	1
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	, iggi ogale	1625.00	
Full Name (Last, First, Middle Initial) Dr Pauline V V Beale			Date of Receipt
Mailing Address 461 Upper St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30930300
Turner	ME	04282-3805	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Ellen Mary Dohr			Date of Receipt
Mailing Address 2050 Sheldrake Avenue	Э		1 1 2 3 2 0 0 9
City	State	Zip Code	Transaction ID: 30930321
Okemos	MI	48864-3634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional))	950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 114 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association I	Political Action (Committee	
Full Name (Last, First, Middle Initial) Dr Robert M Thacker			Date of Receipt
Mailing Address 506 Fish Hill Rd			11 23 7 9 9
City	State	Zip Code	Transaction ID: 30930325
West Greenwich	RI	02817-2209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Self Employed	Occupation O.D.	n	
Receipt For:	 	e Year-to-Date ▼	
Primary General Other (specify) ▼		275.00	
Full Name (Last, First, Middle Initial) Dr Paul E Harvey	l		Date of Receipt
Mailing Address 5486 Johnson Rd			11 23 2009
City	State	Zip Code	Transaction ID: 30930329
Canandaigua	NY	14424-8332	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Gregory F Copeland			Date of Receipt
Mailing Address 15 Ridge Rd Loop			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30930331
Sylvan Grove	KS	67481-8133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
			625.00

TOTAL This Period (last page this line number only)

or for co	ormation copied from such Reports and St			13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ME OF COMMITTEE (In Full)	atements may not b name and address	ne sold or used by any perso of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
/ AIII	nerican Optometric Association Polit	ical Action Comr	mittee	
A. <u>Dr A</u>	Name (Last, First, Middle Initial) Albert I Lavsky			Date of Receipt
	ling Address 3319 Middlesex Apt A			111 23 2009
City Tole	ledo		Zip Code 43606-1648	Transaction ID: 30930337 Amount of Each Receipt this Period
FEC	C ID number of contributing eral political committee.	C		500.00
Nam Self	ne of Employer f Employed	Occupation Doctor of Opto	ometry	
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 500.00	
3. <u>Dr R</u>	Name (Last, First, Middle Initial) Ronald Ray Foreman ling Address 763 Sw Main Blvd, Ste	101		Date of Receipt
				11 25 2009
City Lak	ke City		Zip Code 32025-5794	Transaction ID: 30932821 Amount of Each Receipt this Period
FEC	C ID number of contributing eral political committee.	C	1 1 1 1	250.00
Nam Self	ne of Employer f Employed	Occupation Doctor of Opto	ometry	
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) Donald E Stover			Date of Receipt
Maili	ling Address 2558 W White Chapel	Way		11 30 7 7 7 7 7
City			Zip Code	Transaction ID: 30933762
FEC	rterville C ID number of contributing eral political committee.	CA S	93257-6926	Amount of Each Receipt this Period 500.00
Nam Self	ne of Employer f Employed	Occupation Doctor of Opto	ometry	
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate Year-	•	
SUBT	OTAL of Receipts This Page (optional)			1250.00

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) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F	d Statements may not be sold or used by any per the name and address of any political committee Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Rick Tadashi Iwai Mailing Address 627 Rapallo Avenue)	Date of Receipt
City San Pedro FEC ID number of contributing	State Zip Code CA 90732-3329	Transaction ID: 30933763 Amount of Each Receipt this Period
Receipt For: Primary General	Occupation Doctor of Optometry Aggregate Year-to-Date 365.00	365.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Kelly J Norland Mailing Address 15771 250Th Avenu City		Date of Receipt M M 27 2009
Spirit Lake FEC ID number of contributing federal political committee. Name of Employer Self Employed	IA 51360-7657 C Occupation Doctor of Optometry	Transaction ID: 30934922 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 250.00	
Dr Bernard H Scott Mailing Address 1204 Old County Ro	d	Date of Receipt 1 1 2 7 2 0 0 9
City <u>Daphne</u> FEC ID number of contributing federal political committee.	State Zip Code AL 36526-4448	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)	980.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 114 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions
American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr David R Heitmeier Mailing Address 32 Kings Canyon		Date of Receipt
Mailing Address 32 Kings Canyon City	State Zip Code	1 1 2 7 2 0 0 9 Transaction ID: 30934944
New Orleans	LA 70131-8658	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Philip M Perrino Mailing Address 10 Grassy Hill Court		Date of Receipt
Mailing Address 10 Grassy Hill Court		11 27 2009
City	State Zip Code	Transaction ID: 30934945
Wallingford	CT 06492-6005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr J. Scott Richardson		Date of Receipt
Mailing Address 142 Randall Road		11 30 YYYYY 2009
City	State Zip Code	Transaction ID: 30935819
Carroll	IA 51401-3637	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	. [
Primary General Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional)		1300.00
The state of the s		40700 50
TOTAL This Period (last page this line number	er only)	43708.50

CHEDULE B (FEC FOIII 3X)		rate schedule(s)				IE NUMBER: PAGE 85 / 114 nly one)
 EMIZED DISBURSEMENTS	Detailed S	category of the Summary Page		È	21b 27	22 X 23 24 25 28 28a 28b 28c 29
y Information copied from such Reports and State for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full) American Optometric Association Political	al Action Co	mmittee				
 Full Name (Last, First, Middle Initial) Committee To Re-Elect Nydia M. Velazq	uez To Cong	gre				Transaction ID: 30783188 Date of Disbursement
Mailing Address 315 Inspiration Lane						111
City Gaithersburg	State MD	Zip Code 20878				Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution			Г	01	1	5000.00
Candidate Name Rep. Nydia M. Velazquez				ate Ty	gory/ pe	
	sement For: X Primary Other (spe	2010 General cify) ▼				Candidate Contribution
 Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee						Transaction ID: 30783189 Date of Disbursement
Mailing Address PO Box 360						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Prescott	State AR	Zip Code 71857				Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution			Г	01	1	2500.00
Candidate Name Rep. Michael Avery Ross				ate Ty	gory/ pe	
Office Sought: X House Senate President State: AR District: 04	sement For: Primary Other (spe	2010 X General cify)				Candidate Contribution
Full Name (Last, First, Middle Initial) Tim Walz For Us Congress						Transaction ID: 30783193 Date of Disbursement
Mailing Address PO Box 938						111
City Mankato	State MN	Zip Code 56002				Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution			Γ	01	1	2500.00
Candidate Name Rep. Timothy J. Walz				ate Ty	gory/ pe	
9 1	sement For: X Primary Other (spe	2010 General cify)				Candidate Contribution

		Use separate schedule(s)			NE NUMBE only one)			NGL	86 / 1	14
IT _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21k 27	<u> </u>	X 23 28b	24 28c		25 29	26 30
	y Information copied from such Reports and Stater for commercial purposes, other than using the name									
\rangle	NAME OF COMMITTEE (In Full) American Optometric Association Politica	Action Committee								
 	Full Name (Last, First, Middle Initial) Nelson 2012 Mailing Address PO Box 8666				Date of	action ID: of Disburse			0 0 9	Y
	City Omaha	State Zip Code NE 68108			Amou	nt of Each	Disburse	-		eriod
	Purpose of Disbursement Candidate Contribution Candidate Name Sen. Ben Nelson		Cat)11 egory/]			100	00.00	
	Office Sought: House Disburs X Senate X President State: NE District:	ement For: 2012 Primary General Other (specify)	<u> </u>	,,,,,	Candi	date Cor	tributio	n		
	Full Name (Last, First, Middle Initial) CHRIS PAC				Date o	action ID:			0 ŏ 9	Y
	Mailing Address 607 14th Street NW Suite 800				11					
	City Washington	State Zip Code DC 20005	Amou	nt of Each	Disburse		this P	eriod		
	Purpose of Disbursement Committee Contribution Candidate Name CHRIS PAC		Cat)11 egory/				300	0.00	•
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		<u> </u>	Comn	nittee Co	ntributio	on		
•	Full Name (Last, First, Middle Initial) Connecticut Democratic State Central Cor	nmittee			Date	action ID: of Disburse	ement		* V	V
	Mailing Address 170 Allyn Street Suite 301				111		5 /	Ž	0 ŏ 9	1
	City Hartford	State Zip Code CT 06103			Amou	nt of Each	Disburse	-		eriod
	Purpose of Disbursement Committee Contribution Candidate Name)11 egory/				500	00.00	•
		ement For:		ype						
	State: District:	Primary General Other (specify)			Comn	nittee Co	ntributio	on		
Г	UBTOTAL of Disbursements This Page (optional)								0.00	-

SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)		_		NE NUMBER: PAGE 87 / 11 only one)								114
TEMIZED DISBURSEMENTS		category of the Summary Page			21b 27	22 28a	Х	23 28b	, [24 28c		25 29	
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n														S
NAME OF COMMITTEE (In Full)	arre and address	33 of arry political	COII		.00 10 31	JIICIT COIT	inbui	10113	110	III 3u	011 0		inticc	
American Optometric Association Politi	cal Action Co	mmittee												
Full Name (Last, First, Middle Initial) Friends Of Chris Dodd						Tran Date		-				177		
Mailing Address PO Box 270701						1 1		/ [0	5	Y	ž	0 ŏ s	9 ^Y
City West Hartford	State CT	Zip Code 06127				Amo	unt c	f Ead	ch I	Disbu	ırse	-	t this I	
Purpose of Disbursement Candidate Contribution			Г	01	1			-		-	-	20	00.00)
Candidate Name Sen. Christopher J. Dodd				ateg Typ	ory/									
X Senate President	ursement For: Primary Other (spe	2010 X General ecify) ▼				Cano	didat	e C	ont	ribu	tior	ı		
State: CT District: Full Name (Last, First, Middle Initial)														
John Carney For Congress						Tran Date					-	351		
Mailing Address PO Box 2162						1 1	М	/	1	0 /	Y	ž	o ŏ s	9 ^Y
City Wilmington	State DE	Zip Code 19899				Amo	unt c	f Ead	ch I	Disbu	ırse	men	t this I	Perio
Purpose of Disbursement Candidate Contribution			Г	01	1							50	00.00)
Candidate Name Mr. John Carney				ateg Typ	ory/ e									
Office Sought: X House Senate President State: DE District: 01	rsement For: X Primary Other (spe	2010 General				Cano	didat	e C	ont	ribu	tior	ı		
Full Name (Last, First, Middle Initial) Our Future PAC						Tran Date						180		
Mailing Address 1155 21ST Street, N.V. Suite 300	N.					1 1	М	/ [1	^D 2	Y	ž	o ŏ s	9 ^Y
City Washington	State DC	Zip Code 20036				Amo	unt c	f Ead	ch I	Disbu	ırse	men	t this I	Perio
Purpose of Disbursement Committee Contribution	-		Γ	01	1							25	00.00)
Candidate Name Our Future PAC				ateg Typ										
Office Sought: House Disbution Senate President	ursement For: Primary Other (spe	General cify) ▼		717		Com	mitt	ee C	or	ıtribı	utio	n		
State: District:						L								
SUBTOTAL of Disbursements This Page (option												0=0	0.00	`

	Use separate schedule(s	(check o	only one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	<u>-</u>
Any Information copied from such Reports and Sta or for commercial purposes, other than using the r			
NAME OF COMMITTEE (In Full) American Optometric Association Politi	cal Action Committee		
Full Name (Last, First, Middle Initial) People For Ben			Transaction ID: 30828181 Date of Disbursement
Mailing Address PO Box 31129			111
City Santa Fe	State Zip Code NM 87594		Amount of Each Disbursement this Perio
Purpose of Disbursement Candidate Contribution		011	1000.00
Candidate Name Rep Ben Lujan		Category/ Type	
Office Sought: X House Senate President State: NM District: 03	rsement For: 2010 X Primary General Other (specify) ▼		Candidate Contribution
Full Name (Last, First, Middle Initial)			Transaction ID: 30828183
Lofgren For Congress			Date of Disbursement
Mailing Address P.O. Box 8180 Suite 350			111 / 12 / 2009
City San Jose	State Zip Code CA 95155		Amount of Each Disbursement this Perio
Purpose of Disbursement Candidate Contribution		011	2500.00
Candidate Name Rep. Zoe Lofgren		Category/ Type	
Office Sought: X House Senate President State: CA District: 16	x Primary	•	Candidate Contribution
Full Name (Last, First, Middle Initial) Driehaus For Congress			Transaction ID: 30828189 Date of Disbursement
Mailing Address 650 Fox Trails Way			111 / 12 / 2009
City Cincinnati	State Zip Code OH 45233		Amount of Each Disbursement this Perio
Purpose of Disbursement Candidate Contribution		011	2500.00
Candidate Name Rep. Steve Driehaus		Category/ Type	
Office Sought: X House Senate President State: OH District: 01	xrsement For: 2010 X Primary General Other (specify)	•	Candidate Contribution
2.3			6000.00

Detailed Summary Page			3 (FEC Form 3 SBURSEMENT	·	Use sepa	arate schedule(s) category of the		(che	eck only	<u> </u>	_		PAGE	89 / 1	14
NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Boren For Congress Mailing Address PO Box 148 City Omaha NE Genter President NE General President State: NE District: 02 Full Name (Last, First, Middle Initial) State Zip Code OK 74859 Candidate Name Rep. Lee Terry Office Sought: X House Senate NE General President NE General President State: NE District: 02 Full Name (Last, First, Middle Initial) State Zip Code OK 74859 Candidate Contribution Candidate Name Rep. Lee Terry Office Sought: X House Senate President NE General					Detailed S	Summary Page			27	28a	28b	28	-	29	
NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Boren For Congress Mailing Address PO Box 148 City Okemah Candidate Name Rep. Daniel Boren State: OK District: 02 Full Name (Last, First, Middle Initial) Lee Terry For Congress Mailing Address PO Box 540098 City Omaha NE 68154 Purpose of Disbursement Candidate Contribution Cardidate Name Rep. Daniel Boren Office Sought: Visual State															
Boren For Congress Mailing Address PO Box 148 City State Zip Code OK 74859 Purpose of Disbursement Candidate Name Rep. Beltsy Markey City State: NE Disbursement Por: 2010 City State: OK District: 02 Candidate Contribution Cardidate Name Rep. Lee Terry Citice Sought: X House District: 02 City State: NE District: 02 Full Name (Last, First, Middle initial) Markey For Congress Mailing Address PO Box 1333 City State: NE District: 02 Full Name (Last, First, Middle initial) Markey For Congress Mailing Address PO Box 1333 City State: NE District: 02 City State: Ne District: 04 City State: Ne District: 04 Candidate Contribution Cand	\rangle	NAME OF COM	MITTEE (In Full)												
Boren For Congress Mailing Address PO Box 148 City State Zip Code OK 74959 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Daniel Boren Office Sought: X House President State: OK District: 02 Full Name (Last, First, Middle Initial) Lee Terry For Congress Mailing Address PO Box 540098 City State Zip Code NE G8154 Purpose of Disbursement For: 2010 Candidate Contribution Transaction ID: 30828193 Date of Disbursement In 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Full Name (Last,	First, Middle Initial)							Trans	action II	n. 3083	28101		
City Okemah OK 74859 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Daniel Boren City Office Sought: X House President State: NE Disbursement Candidate Contribution City Office Sought: X House President State: NE Disbursement For: 2010 Amount of Each Disbursement this Period Disbursement Candidate Contribution Candidate Name (Last, First, Middle Initial) Lee Terry For Congress Mailing Address PO Box 540098 City State Zip Code Omaha NE 68154 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Lee Terry Office Sought: X House Senate President State: NE District: 02 Full Name (Last, First, Middle Initial) Markey For Congress Mailing Address PO Box 1333 City Candidate Contribution Candidate Co			gress							Date	of Disbur	sement			Y
Okemah OK 74859 Purpose of Disbursement Candidate Name Rep. Daniel Boren Office Sought: Very President State: OK District: 02 Full Name (Last, First, Middle Initial) Lee Terry Office Sought: Very President Candidate Name Rep. Dens 540098 City Omaha President Candidate Contribution Office Sought: Very President Candidate Contribution Candidate Contribution		Mailing Address	PO Box 148							11		12	. 2	0 0 9	
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Daniel Boren Office Sought:										Amou	int of Eac	h Disbur	semen	t this P	erio
Candidate Name Rep. Daniel Boren Office Sought: X House Senate President State: OK District: 02 Full Name (Last, First, Middle Initial) Lee Terry For Congress Mailing Address PO Box 540098 City Omaha Senate President NE 68154 Purpose of Disbursement Candidate Contribution Cardidate Name Rep. Lee Terry Office Sought: X House Senate President Senate President Other (specify) ▼ Transaction ID: 30828193 Date of Disbursement Amount of Each Disbursement this Perion 1000.00 Cardidate Name Rep. Lee Terry Office Sought: X House Senate President Other (specify) ▼ City Congress Mailing Address PO Box 1333 City State: X House Congress Mailing Address PO Box 1333 City State Zip Code Congress Mailing Address PO Box 1333 City Congress Mailing Address PO Box 1333 City State Zip Code Congress Mailing Address PO Box 1333 City Congress Mailing Address PO Box 1333 City State Zip Code Congress Mailing Address PO Box 1333 City State Zip Code Congress Mailing Address PO Box 1333 City Congress Mailing Address PO Box 1333 City State Zip Code Congress Mailing Address PO Box 1333 City Congress Mailing Address PO Box 1333 City State Zip Code Congress Mailing Address PO Box 1333 City			ırsement			7.000							25	00.00	
Rep. Daniel Boren Office Sought:							L	- 1							
Senate President State: OK District: 02 Full Name (Last, First, Middle Initial) Lee Terry For Congress Mailing Address PO Box 540098 City Omaha NE 68154 Purpose of Disbursement Candidate Name Rep. Lee Terry Office Sought: X House President State: NE District: 02 Full Name (Last, First, Middle Initial) Markey For Congress Mailing Address PO Box 1333 City State Zip Code NE General Other (specify) ▼ Candidate Contribution Candidate Name Rep. Lee Terry Office Sought: X House President State: NE District: 02 Full Name (Last, First, Middle Initial) Markey For Congress Mailing Address PO Box 1333 City State Zip Code Co 80521 Purpose of Disbursement Candidate Contribution							С								
Full Name (Last, First, Middle Initial) Lee Terry For Congress Mailing Address PO Box 540098 City State Zip Code Omaha NE 68154 Purpose of Disbursement Candidate Contribution Candidate Contribution Candidate NE President State: NE District: 02 Full Name (Last, First, Middle Initial) Markey For Congress Mailing Address PO Box 1333 City For Congress Mailing Address PO Box 1333 City State Zip Code Other (specify) Mailing Address PO Box 1333 City State Zip Code Other (specify) Candidate Contribution		·	Senate President		Primary	General				Cand	idate Co	ontributio	on		
Lee Terry For Congress Mailing Address PO Box 540098 City State Zip Code Omaha NE 68154 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Lee Terry Office Sought: X House Senate President State: NE District: 02 Full Name (Last, First, Middle Initial) Markey For Congress Mailing Address PO Box 1333 City State Zip Code Other (specify) ▼ Transaction ID: 30828194 Date of Disbursement this Peri Candidate Contribution Candidate Contribution Transaction ID: 30828194 Date of Disbursement this Peri Candidate Contribution Candidate Contribution Transaction ID: 30828194 Date of Disbursement this Peri Candidate Contribution Candidate Contribution Other (specify) ▼ Category/ Type Office Sought: X House Senate President State: CO District: 04 Disbursement For: 2010 Category/ Type Candidate Contribution	_														
City State Zip Code NE 68154 Purpose of Disbursement Candidate Name Rep. Lee Terry Office Sought: X House President State: NE District: 02 Full Name (Last, First, Middle Initial) Markey For Congress Mailing Address PO Box 1333 City State Zip Code CO 80521 Purpose of Disbursement Candidate Contribution City State CO 80521 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Betsy Markey Office Sought: X House Senate President Senate President Senate Contribution Candidate Contribution		, .	. ,							Date	of Disbur	sement			
Omaha NE 68154 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Lee Terry Office Sought: X House President President State: NE District: 02 Full Name (Last, First, Middle Initial) Markey For Congress Mailing Address PO Box 1333 City Fort Collins Candidate Name Rep. Betsy Markey Office Sought: X House President Candidate Contribution Candidate Name Rep. Betsy Markey Office Sought: X House Candidate Name Rep. Betsy Markey Office Sought: State: CO District: 04 Disbursement For: CO 80521 Amount of Each Disbursement this Perion 1000.00 Candidate Name Rep. Betsy Markey Office Sought: State: CO District: 04 Candidate Contribution Candidate Name Rep. Betsy Markey Office Sought: State: CO District: 04 Candidate Contribution Candidate Contribution Candidate Name Rep. Betsy Markey Other (specify) ▼ Candidate Contribution Candidate Contribution Candidate Name Rep. Betsy Markey Other (specify) ▼ Candidate Contribution Candidate Contribution	-	Mailing Address	PO Box 540098								M / D	12	Ý Ž	0 0 9	Y
Candidate Contribution Candidate Name Rep. Lee Terry Office Sought: X House Senate President State: NE District: 02 Full Name (Last, First, Middle Initial) Markey For Congress Mailing Address PO Box 1333 City State Zip Code Fort Collins CO 80521 Purpose of Disbursement Candidate Contribution										Amou	int of Eac	h Disbur	semen	t this P	eric
Candidate Name Rep. Lee Terry Office Sought:							Γ	011	\neg	L.			10	00.00	
Office Sought: X House Senate President State: NE District: 02 Full Name (Last, First, Middle Initial) Markey For Congress Mailing Address PO Box 1333 City State Zip Code CO 80521 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Betsy Markey Office Sought: X House Senate President Senate President State: CO District: 04 Disbursement For: 2010 Amount of Each Disbursement this Period Candidate Contribution Candidate Name Rep. Betsy Markey Office Sought: X House President Senate President State: CO District: 04 Disbursement For: 2010 Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution								atego							
Full Name (Last, First, Middle Initial) Markey For Congress Mailing Address PO Box 1333 City State Zip Code Fort Collins CO 80521 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Betsy Markey Office Sought: X House Senate President State: CO District: 04 Transaction ID: 30828194 Date of Disbursement Amount of Each Disbursement this Period Category/ Type Category/ Type Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution		•	Senate President		Primary	General				Cand	idate Co	ontributio	on		
Markey For Congress Mailing Address PO Box 1333 City State Zip Code Fort Collins CO 80521 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Betsy Markey Office Sought: X House Senate President State: CO District: 04 State: CO District: 04 Date of Disbursement Amount of Each Disbursement this Period 1000.00 Candidate Variety Y 2 0 0 9 Amount of Each Disbursement this Period 1000.00 Candidate Name Category/Type Candidate Contribution Candidate Contribution Candidate Contribution										Trans	action II	2000	0101		
City State Zip Code Fort Collins CO 80521 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Betsy Markey Office Sought: X House Senate President President State: CO District: 04 State Zip Code Amount of Each Disbursement this Period Collins President State CO		•	,							Date	of Disbur	sement			V
Fort Collins CO 80521 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Betsy Markey Office Sought: X House President President State: CO District: 04 CO 80521 1000.00 Category/ Type Candidate Contribution Candidate Contribution Candidate Contribution		Mailing Address	PO Box 1333								M / D	12	<u>'</u> 2	0 0 9	'
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Betsy Markey Office Sought: X House Senate President State: CO District: 04 1000.00 Category/ Type Category/ Type Candidate Contribution Candidate Contribution Candidate Contribution										Amou	int of Eac	h Disbur	semen	t this P	erio
Candidate Name Rep. Betsy Markey Office Sought: X House Senate President State: CO District: 04 Category/ Type Candidate Contribution Candidate Contribution							Γ	011	\neg	L.			10	00.00	
Office Sought: X House Senate President State: CO District: 04 Disbursement For: 2010 Candidate Contribution Candidate Contribution								atego	-						
4500.00		·	Senate President		Primary	General				Cand	idate Co	ontributio	on		
SUBTOTAL of Disbursements This Page (optional)		State: CO	DISTRICT: U4												_
	S	SUBTOTAL of Disk	oursements This Page	(optional)						Ŀ	-	-	450	00.00	_
	Εŧ	6AN026								FE	C Sched	ule B (F	orm 3X	(Rev	/is

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check only	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and State for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) American Optometric Association Politica	··		
<u></u>	Full Name (Last, First, Middle Initial) Scott Murphy For Congress			Transaction ID: 30828205 Date of Disbursement
	Mailing Address 615 Glen Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	City Glens Falls	State Zip Code NY 12801		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution Candidate Name		011	1000.00
	Rep. Scott M. Murphy		Category/ Type	
		ement For: 2010 Primary General Other (specify)		Candidate Contribution
	Full Name (Last, First, Middle Initial) Kathy Dahlkemper For Congress			Transaction ID: 30828206 Date of Disbursement
	Mailing Address PO Box 1045			$\begin{bmatrix} M & M & M \\ 1 & 1 & 2 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
	City Erie	State Zip Code PA 16512		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution		011	1000.00
	Candidate Name Kathleen Dahlkemper		Category/ Type	
	X X	ement For: 2010 Primary General Other (specify)		Candidate Contribution
	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress			Transaction ID: 30828216 Date of Disbursement
	Mailing Address P.O. Box 2232			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D & D \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix} $
	City Jenkintown	State Zip Code PA 19046		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution		011	1000.00
	Candidate Name Rep. Allyson Y. Schwartz		Category/ Type	
	, <u>, , , , , , , , , , , , , , , , , , </u>	ement For: 2010 (Primary General Other (specify)		Candidate Contribution
	ı .			3000.00

		Use separate schedule(s)	(check only	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
	y Information copied from such Reports and State for commercial purposes, other than using the nan			
\mathbb{N}	NAME OF COMMITTEE (In Full)	A 11 O 111		
V	American Optometric Association Politica	Action Committee		
	Full Name (Last, First, Middle Initial)			Transaction ID: 30828217
,	Citizens For Rush			Date of Disbursement
	Mailing Address P. O. Box 7292			111 12 7 2009
	City Chicago	State Zip Code IL 60680		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Contribution		011	
	Candidate Name Rep. Bobby Lee Rush	C	Category/ Type	
	Senate >	ement For: 2010 Primary General Other (specify)		Candidate Contribution
_	State: IL District: 01			
	Full Name (Last, First, Middle Initial) Larry Kissell For Congress			Transaction ID: 30828223 Date of Disbursement
	Mailing Address 106 East Main Street PO Box 1530			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	City Biscoe	State Zip Code NC 27209		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution		011	2500.00
	Candidate Name Mr. Larry Kissell	C	Category/ Type	
	X X	ement For: 2010 Primary General Other (specify)		Candidate Contribution
	Full Name (Last, First, Middle Initial) Butterfield For Congress Committee			Transaction ID: 30828227 Date of Disbursement
	Mailing Address PO Box 2571			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	City Wilson	State Zip Code NC 27894		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution		011	2500.00
	Candidate Name Rep. George K. Butterfield	C	Category/ Type	
	ů X	ement For: 2010 Primary General Other (specify)		Candidate Contribution
	otate. INO DISTINCT. VI			6000.00

		(FEC FOIII	•	Use separate schedule(s)					E NUMBER: PAGE 9 Ily one)						114
ITEN	MIZED DIS	SBURSEMEN	ITS		category of the Summary Page			21b 27	22 28a	X	23 28b	24 28		25 29	$\begin{bmatrix} 2 \\ 3 \end{bmatrix}$
or for o	commercial pur AME OF COMM	ed from such Reports poses, other than usi MITTEE (In Full) ometric Associatio	ing the name	and addre	ss of any political										i
Bo	Il Name (Last, Doccieri For Co	First, Middle Initial) ongress PO Box 20535							Date of		on ID:	3082 ement 2		3 Ž 0 Ŏ 9	Y
Cit Ca	ty anton			State OH	Zip Code 44701				Amou	nt o	f Each	Disbur	semer	nt this F	Period
Ca Ca	rpose of Disbuandidate Contrib andidate Name r. John Bocci	oution					01 ateg Typ	ory/		•	•		25	500.00	
	fice Sought:	X House Senate President District: 16	Disburse	ment For: Primary Other (spe	2010 General ecify)				Candi	dat	e Cor	ntributi	on		
Br		First, Middle Initial) United States Co PO Box 10322							Date of		isburse	3082 ement 2		δ ο <u>ο</u> ο ο	Y
Cit Ra	ty aleigh			State NC	Zip Code 27605				Amou	nt o	f Each	Disbur	semer	nt this F	Period
Ca Ca Re Off	rrpose of Disbu andidate Contrik andidate Name ep. Brad Mille fice Sought:	oution	Disburse X	ment For: Primary Other (spe	2010 General ecify) V		01 ateg Typ	ory/	Candi	dat	e Cor	ntributi		500.00	
	II Name (Last, I	First, Middle Initial) gress									isburse		2823	5	
Ma	ailing Address	P.O. Box 8508	<u> </u>						1 1	М	[/] 1	^D 2	Y 2	Ý 0 Ď 9	Y
	ica			State NY	Zip Code 13505				Amou	nt o	f Each	Disbur		nt this F	
Ca Ca Re	rpose of Disbuandidate Contribundidate Name Pp. Michael A	a. Arcuri					01 ateg Typ	ory/		•	•		IC	,00.00	
Off	fice Sought: ate: NY	X House Senate President District: 24	Disburse	ment For: Primary Other (spe	2010 X General ecify) ▼				Candi	dat	e Cor	ntributi	on		
Sta	ale. IN I														

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)			E NUMBER: PAGE 93 / 1						
T	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Cr	21b 27	22 X 23 24 25 28 28 28 28 29						
	ny Information copied from such Reports and Stater for commercial purposes, other than using the name										
	NAME OF COMMITTEE (In Full) American Optometric Association Politica				Solicit contributions from Such Committee						
	Full Name (Last, First, Middle Initial) A Lot Of People For Dave Obey				Transaction ID: 30828238 Date of Disbursement						
	Mailing Address P O Box 1322 PO Box 1322				11 D D D Y Y Y O O O O						
	City Wausau	State Zip Code WI 54402			Amount of Each Disbursement this Perio						
	Purpose of Disbursement Candidate Contribution Candidate Name		01 Categ	-	1000.00						
	Rep. David R. Obey Office Sought: X House Disburs	ement For: 2010	Тур		Candidate Contribution						
	Senate X President State: WI District: 07	☐ Primary ☐ General☐ Other (specify) ▼									
	Full Name (Last, First, Middle Initial) Texans For Henry Cuellar Congressional (Campaign			Transaction ID: 30828242 Date of Disbursement						
	Mailing Address 1519 Washington Street Second Floor, Suite 200				11 D D C Y Y Y O O 9						
	City Laredo	State Zip Code TX 78042			Amount of Each Disbursement this Perio						
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Henry Cuellar		01 Categ	jory/	2500.00						
	Office Sought: X House Disburs	ement For: 2010 Primary General Other (specify)	1 196		Candidate Contribution						
	Full Name (Last, First, Middle Initial) Schakowsky For Congress				Transaction ID: 30828243 Date of Disbursement						
	Mailing Address P.O. Box 5130				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						
	City Evanston	State Zip Code IL 60204			Amount of Each Disbursement this Perio						
	Purpose of Disbursement Candidate Contribution		01	_	2500.00						
	Candidate Name Rep. Janice D. Schakowsky		Categ Typ	-							
	, A	ement For: 2010 Primary General Other (specify)			Candidate Contribution						
Γ,	SUBTOTAL of Disbursements This Page (optional)				6000.00						
Г	OTAL This Period (last page this line number only			<u> </u>							
L	hage ande namber only	,									

IT	CHEDULE B (FEC Form 3.	² Use separ	rate schedule(s)		NUMBER: PAGE 94 / 114
•••	EMIZED DISBURSEMENT	S for each c	ategory of the Summary Page	(check only	y one) 22
	y Information copied from such Reports ar or commercial purposes, other than using				
	NAME OF COMMITTEE (In Full) American Optometric Association				ion contributions from such committee
<u>/</u>	Full Name (Last, First, Middle Initial) Charlie Dent For Congress				Transaction ID: 30828464 Date of Disbursement
	Mailing Address PO Box 442				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} M & D \\ 1 & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix} $
	City Allentown	State PA	Zip Code 18105		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution Candidate Name			011 Category/	1000.00
	Rep. Charles W. Dent Office Sought: X House	Disbursement For:	2010	Type	
	Senate President State: PA District: 15	X Primary Other (spec	General cify) ▼		Candidate Contribution
	Full Name (Last, First, Middle Initial) Friends Of Joe Pitts				Transaction ID: 30828465 Date of Disbursement
	Mailing Address PO Box 775				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	City Unionville	State PA	Zip Code 19375		Amount of Each Disbursement this Perio
	Purpose of Disbursement Candidate Contribution			011	1000.00
	Candidate Name Rep. Joseph R. Pitts			Category/ Type	
	Office Sought: X House Senate President State: PA District: 16	Disbursement For: X Primary Other (spec	2010 General		Candidate Contribution
	Full Name (Last, First, Middle Initial) Martin Heinrich For Congress, Inc.				Transaction ID: 30828467 Date of Disbursement
	Mailing Address 2118 Central Ave	enue Se			1 1 1 1 1 3 Y 2 0 0 9 Y
	City Albuquerque	State NM	Zip Code 87106		Amount of Each Disbursement this Perio
					1000.00
	Purpose of Disbursement Candidate Contribution			011	
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Martin Heinrich			011 Category/ Type	
	Purpose of Disbursement Candidate Contribution Candidate Name	Disbursement For: Primary Other (spec	2010 X General cify) ▼	Category/	Candidate Contribution

SCILLOCLE B (I LC I OIIII 3X)	Use separate schedule((check or	E NUMBER: PAGE 95 / 114_						
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	i	22 X 23 24 25						
Any Information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
American Optometric Association Politic	al Action Committee								
Full Name (Last, First, Middle Initial)			Transaction ID: 30828468						
Committee To Elect Gary L. Ackerman,			Date of Disbursement 1 1 1 1 3 2 0 0 9						
Mailing Address 100 Jericho Quadrang # 233									
City Jericho	State Zip Code NY 11753		Amount of Each Disbursement this Period						
Purpose of Disbursement Candidate Contribution		011	1000.00						
Candidate Name Rep. Gary L. Ackerman		Category/ Type							
Senate President	x Primary General Other (specify)		Candidate Contribution						
State: NY District: 05 Full Name (Last, First, Middle Initial)									
Friends Of John Barrow			Transaction ID: 30828469 Date of Disbursement						
Mailing Address PO Box 8166			$\begin{bmatrix} & & & \\ & 1 & 1 & \\ & & & \end{bmatrix} & \begin{bmatrix} & D & D & D \\ & & 1 & 3 \\ & & & \end{bmatrix} & \begin{bmatrix} & Y & Y & Y & Y & Y \\ & & 2 & 0 & 0 & 9 \end{bmatrix}$						
City Savannah	State Zip Code GA 31412		Amount of Each Disbursement this Period						
Purpose of Disbursement Candidate Contribution		011	2500.00						
Candidate Name Rep. John Barrow		Category/ Type							
Office Sought: X House Senate President State: GA District: 12	rsement For: 2010 Primary X General Other (specify)	1	Candidate Contribution						
Full Name (Last, First, Middle Initial) Priority PAC			Transaction ID: 30828635 Date of Disbursement						
Mailing Address 420 C Street, N.E.			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Perio						
Purpose of Disbursement Committee Contribution		011	2500.00						
Candidate Name Priority PAC		Category/ Type							
	rsement For: Primary General Other (specify)		Committee Contribution						
State. District.			2000.00						
SUBTOTAL of Disbursements This Page (options	l)	>	6000.00						

SCHEDULE B (FEC Form 3X)	' Use separate schedule(s)					IE NUMBER: PAGE 96 / 114						
TEMIZED DISBURSEMENTS	for each	category of the Summary Page			21b 27	22 28a	X	23 28b	24 280	, F	25 29	П
Any Information copied from such Reports and Stater												;
or for commercial purposes, other than using the name	e and addre	ss of any political	com	nmitt	ee to so	olicit cont	ributi	ons tr	om sucr	comi	nittee	
NAME OF COMMITTEE (In Full) American Optometric Association Politica	l Action Co	mmittoo										
American Optometric Association Folitica	i Action Co	mmillee										
Full Name (Last, First, Middle Initial)						Trans	sacti	on ID:	3082	8702	,	
Boyd For Congress									ement			
Mailing Address P.O. Box 15703						1 1	М	1	^D /	Ý	0 ŏ 9) Y
City	State	Zip Code				Amou	ınt of	Each	Disburs	emer	nt this F	Perio
Tallahassee	FL	32317					-	-		0.5		
Purpose of Disbursement Candidate Contribution			Г	0.1	*	L.	_			25	00.00	
Candidate Contribution Candidate Name				01 ⁻ ateg								
Rep. Allen Boyd				Typ	-							
Office Sought: X House Disburs	ement For:	2010				0	: -1 - 4	- 0				
Senate	Primary	General				Cand	iuai	e Coi	ntributio	ווכ		
President	Other (spe	ecify)										
State: FL District: 02												
Full Name (Last, First, Middle Initial) Mccaul For Congress, Inc								-	3082	8769)	
McCaul For Congress, Inc						Date	OT DI	sburs	ement	V .	/ · · ·	V
Mailing Address 815-A Brazos Street Pmb 230						1 1		1	3 ′	2	0 0 9)
City	State	Zip Code				Amou	ınt of	Each	Disburs	emer	nt this F	Perio
Austin	TX	78701								10	00.00)
Purpose of Disbursement Candidate Contribution				01			-	-			00.00	
Candidate Name			C	ateg								
Rep. Michael T. McCaul				Тур	е							
	ement For:	2010				Cand	idat	e Cor	ntributio	n		
	Primary	General				Jana	iaat	0 00.	Terributiv	,,,		
State: TX District: 10	Other (spe	еспу) 🔻										
Full Name (Last, First, Middle Initial)						T		- IP	. 0000	000	.	
Marion Berry For Congress									: 3082 ement	.002)	
						М	м .		^D /	Y	0 ŏ 9	Y
Mailing Address P.O. Box 8084						11			3	. 2	009	,
City	State	Zip Code				Amoi	ınt of	Each	Disburs	emer	nt this F	Perio
Jonesboro	AR	72403									-	
Purpose of Disbursement			Г			L.				10	00.00	
Candidate Contribution Candidate Name			ř	01								
Rep. Marion Berry				ateg Typ								
	ement For:	2010		719		0	: -1	- 0	and of			
-	Primary	General				Cand	ıdat	e Cor	ntributio	חכ		
President	Other (spe	ecify) 🔻										
State: AR District: 01												
					_					45	00.00	
SUBTOTAL of Disbursements This Page (optional)					•					_ →∪	U	

		(FEC FOIIII	•		arate schedule(s)		OR LINE		n.		L	AGL	97 / 1	14
ITE	EMIZED DIS	SBURSEMEN	TS		category of the Summary Page		21b 27	22 28a	X	23 28b	24		25 29	2 3
or fo	or commercial pur	ed from such Reports poses, other than usi MITTEE (In Full) ometric Association	ng the name	and addre	ss of any political									
-	,	First, Middle Initial) ongress Committe PO Box 2000	ee					Date		ion ID:	3083 ement		2 2 2 0 0 9) ^Y
	City Abingdon			State VA	Zip Code 24212			Amou	int o	f Each	Disbur		nt this F	
-	Purpose of Disbu Candidate Contrik Candidate Name Rep. Rick Boud	oution				01 ateg Typ	jory/		•	•		10	00.00	
	Office Sought:	X House Senate President District: 09		ment For: Primary Other (spe	2010 General ecify)	71-		Cand	idat	e Cor	ntributi	on		
-	Full Name (Last, Carney For Co Mailing Address	First, Middle Initial) ngress P.O. Box A						Date		isburse	3083 ement		1 2 o ŏ 9	Y
	City Clarks Summit	 :		State PA	Zip Code 18411			Amou	int o	f Each	Disbur	semer	nt this F	eriod
(- (- (Purpose of Disbu Candidate Contrit Candidate Name Mr. Christophe Office Sought:	oution	Disburse X	ment For: Primary Other (spe	2010 General ecify)	01 ateg Typ	jory/	Cand	idat	e Cor	ntributi		000.00	
	Full Name (Last, Carney For Co	First, Middle Initial) ngress	ı					Date	of D	isburs		2975	7	
Ī	Mailing Address	P.O. Box A						1 ^M 1	М	[/] 1	3 /	Y 2	Ý 0 Ď 9	Y
(City Clarks Summit			State PA	Zip Code 18411			Amou	int o	f Each	Disbur		nt this F	
(- (Purpose of Disbu Candidate Contrik Candidate Name Mr. Christophe	oution or Carney	1			01 ateg Typ	jory/		•	•		15	,00.00	•
	Office Sought: State: PA	X House Senate President District: 10	Disburse	ment For: Primary Other (spe	2010 X General ecify) ▼			Cand	idat	e Cor	ntributi	on		
SU	BTOTAL of Disb	oursements This Page	e (optional) .			 	•		·	•		35	00.00	

		3 (FEC Form	•		arate schedule(s)	 -	NE NUMI only one)	BER:	L	PAGE	98 / 1	14
TEMIZ	ED DI	SBURSEMEN	ITS		category of the Summary Page	21b 27	22 28	x 23	3 24 3b 28		25 29	
		ed from such Reports										
NAME	OF COM	MITTEE (In Full)				 THILLOG TO	3011011 00		3 110111 340			
/ Ameri	can Opto	metric Association	n Political	Action Co	ommittee							
	•	First, Middle Initial) for Congress							ID: 308 ursement	29833		
Mailing	Address	349 Kenilworth	า				1 ^M		13	y y	0 ŏ 9	Y
City Memp	his			State TN	Zip Code 38112		Am	ount of E	ach Disbu	rsement	this Pe	erio
	e of Disbu					011				250	00.00	_
	late Name eve Coh	en				egory/ ype						
	Sought:	X House Senate President	Disburse	ment For: Primary Other (spe	2010 General ecify)		Car	ndidate (Contribut	ion		
State:		District: 09 First, Middle Initial)										
		Congress					Dat	e of Disb	ID: 308 ursement			
Mailing	Address	38 Risley Roa	d				1 ^M		13	y y	0 0 9	Y
City Verno	n			State CT	Zip Code 06066		Am	ount of E	ach Disbu	rsement	this Pe	eric
	e of Disbu)11				100	00.00	_
	late Name Joseph D	. Courtney				egory/ ype						
Office :	Sought:	X House Senate President District: 02	Disburse X	ment For: Primary Other (spe	2010 General		Car	ndidate (Contribut	ion		
Full Na	me (Last,	First, Middle Initial)	1						I D : 308	30118		
		nzalez Congressio		aign			Dat	M /	ursement 1 3	Y Y	0 ŏ 9	Y
City	Address	PO Box 12612		State	Zip Code				ach Disbu			
San A	ntonio			TX	78212			ount or L	acii Disbui		00.00	SHC
Candid	e of Disbu)11				230	0.00	_
Rep. (A. Gonzalez				egory/ ype						
Office	Sought:	X House Senate	Disburse	Primary	2010 X General		Car	ndidate (Contribut	ion		
State:	TX	President District: 20		Other (spe	eciiy) ♥							
			•									_

	CHEDOLE B (I LO I OHII 3X)	Use separate schedule(s))R LINE neck only		H:			PA	GE	99 / 1	14
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	$\boldsymbol{\sqcup}$	24 28c		25 29	2 3
	y Information copied from such Reports and Sta for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)												
$ \rangle$	American Optometric Association Politi	al Action Committee											
	Full Name (Last, First, Middle Initial) Halvorson For Congress Mailing Address PO Box 176							sburs	emen			0 ŏ 9	Y
	City Crete	State Zip Code IL 60417				Amou	int of	f Each	Disb	urser	ment	this P	eriod
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Deborah L. Halvorson			01 ateg	jory/			•			250	00.00	
		rsement For: 2010 X Primary General Other (specify)	<u> </u>	ТУР		Candi	idat	e Cor	ntribu	ution			
	Full Name (Last, First, Middle Initial) Friends Of Baron Hill Mailing Address P O Box 1071							sburs				0 ŏ 9	Υ
	City Seymour Purpose of Disbursement Candidate Contribution	State Zip Code IN 47274		01	1	Amou	int of	f Each	Disb	urser	-	this P	eriod
	Candidate Name Baron P Hill Office Sought: X House Disbuser Senate President State: IN District: 09	rsement For: 2010 X Primary General Other (specify)	1	ateg Typ	pory/	Candi	idat	e Cor	ntribu	ution			
	Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress							sburs				0 ŏ 9	Υ
	Mailing Address P.O. Box 1441 City	State Zip Code KS 66601				Amou	ınt of	f Each		urser			
	Topeka Purpose of Disbursement Candidate Contribution	KS 66601		01	1						250	00.00	
	Candidate Name Rep. Lynn Jenkins			ateg Typ	jory/ e								
	Office Sought: X House Senate President State: KS District: 02	rsement For: 2010 X Primary General Other (specify)				Candi	idat	e Cor	ntribu	ution			
	UBTOTAL of Disbursements This Page (option	.n										0.00	-

	CHEDOLL B (I LO I OIIII 5X)	Use separate schedule(s	;)		R LINE		• • •		L		- 1007	114
11	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ù	21b 27	22 28a		23 28b	2	4 8c	25 29	
	y Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)											<u> </u>
/	American Optometric Association Politica	I Action Committee										
	Full Name (Last, First, Middle Initial) Kagen 4 Congress Mailing Address 100 W. College Ave. 50 D					Trans Date of		burse			4 Ž 0 Ŏ 9) Y
	City Appleton	State Zip Code WI 54911				Amou	nt of	Each	Disbu	rseme	nt this F	Period
	Purpose of Disbursement Candidate Contribution Candidate Name Mr. Steven Kagen		Ca	011 atego Type		L.	•			1	00.00)
	Office Sought: X House Disburs	ement For: 2010 Primary General Other (specify)		. ,,,,		Candi	date	: Con	tribut	tion		
	Full Name (Last, First, Middle Initial) Kildee For Congress Committee Mailing Address P.O. Box 317					Trans Date of		burse			3 2 0 0 9) Y
	City	State Zip Code					nt of			<u> </u>	nt this F	
	Flint	MI 48501				Amou	TIL OI	Eacii	DISDU		500.00	
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Dale E. Kildee		Са	011 atego Type	•		•	•	•		300.00	
	X	ement For: 2010 Primary General Other (specify)	•			Candi	date	e Con	tribut	ion		
	Full Name (Last, First, Middle Initial) Kilroy For Congress					Trans Date o	of Dis	burse	ment			
	Mailing Address P.O. Box 2582 Ste 305					1 1	M /	^D 1	3 /	Y	ž o ŏ s) ^Y
	Ste 303					Amou	nt of	Each	Disbu	rseme	nt this F	
	City Columbus	State Zip Code OH 43216							-			
	City Columbus Purpose of Disbursement Candidate Contribution			011						2	500.00)
	City Columbus Purpose of Disbursement		Са	011 atego Type	-					2	500.00)
	City Columbus Purpose of Disbursement Candidate Contribution Candidate Name Rep. Mary Jo Kilroy Office Sought: X House Disburs		Са	tego	-	Candi	date	e Con	tribut	0 0	500.00)

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check only	NUMBER: PAGE 101 / 114
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and State for commercial purposes, other than using the nan				
\rangle	NAME OF COMMITTEE (In Full) American Optometric Association Politica	I Action Committee			
<u>/</u>	Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona				Transaction ID: 30830855 Date of Disbursement
	Mailing Address PO Box 993				111
	City Prescott	State Zip Code AZ 86302			Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution			011	1000.00
	Candidate Name Rep. Ann Kirkpatrick			ategory/ Type	
		ement For: 2010 Primary General Other (specify)			Candidate Contribution
	Full Name (Last, First, Middle Initial) Langevin For Congress				Transaction ID: 30830925 Date of Disbursement
	Mailing Address 181-A Knight St				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Warwick	State Zip Code RI 02886			Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution			011	1000.00
	Candidate Name Rep. James R. Langevin			ategory/ Type	
		ement For: 2010 Primary General Other (specify)			Candidate Contribution
	Full Name (Last, First, Middle Initial) Dan Lipinski For Congress				Transaction ID: 30831722 Date of Disbursement
	Mailing Address P.O. Box 520				111 / 13 / 2009
	City Western Springs	State Zip Code IL 60558			Amount of Each Disbursement this Perio
	Purpose of Disbursement Candidate Contribution		-	011	1000.00
	Candidate Name Mr. Daniel Lipinski			ategory/ Type	
	9 1	ement For: 2010 Primary General Other (specify)			Candidate Contribution
_	2.000				3000.00

		3 (FEC Form	·		arate schedule(s)		FOR L		_	₹:		PAGE	102 /	114
ITEM	IIZED DIS	BURSEMEN	TS		category of the Summary Page	[(check 21k 27	Ć	22 28a	X 23 28b	2	4 3c	25 29	
		ed from such Reports poses, other than usi												j
NAM	ME OF COMM	MITTEE (In Full) metric Association				COITII	1111100 11	301101	CONTIN	outions	mom suc	or com	Tillitee	
	Name (Last, ebsack For (First, Middle Initial) Congress									D: 308	31804	1	
Maili	ling Address	PO Box 1457							11	/ [13	Y	0 ŏ 9	Y
	a City			State A	Zip Code 52244				Amour	nt of Ead	ch Disbu			-
Can	pose of Disbundidate Contribundidate Name						011 tegory/						00.00	_
Rep	o. David Wa	yne Loebsack	Disburser	nent For	2010		туре Гуре							
	te: IA	Senate President District: 02	X	Primary Other (spe	General				Candio	date Co	ontribut	ion		
Full		First, Middle Initial)	1								D: 308	31995	5	
Maili	ling Address	PO Box 1457							1 1 N	/ [13	Y	0 0 9	Y
City	, va City			State A	Zip Code 52244				Amour	nt of Ead	ch Disbu	rsemer	nt this P	'erio
	pose of Disbu						011					5	00.00	
Rep	<u> </u>	yne Loebsack					tegory/ Type							
	ce Sought:	X House Senate President District: 02		nent For: Primary Other (spe	2010 X General ecify) ▼				Candio	date Co	ontribut	ion		
Full	Name (Last,	First, Middle Initial) olyn Mccarthy									D: 308	32127	7	
Maili	ling Address	151 Linden Roa	ad						11	1 / [13	2	0 0 9	Y
City Min	neola			State NY	Zip Code 11501				Amour	nt of Ead	ch Disbu			
Can	pose of Disbu						011		<u></u>	•		25	00.00	
Can	o. Carolyn N		1 5.7		05:5		tegory/ Type							
Rep	ce Sought:	χ House Senate	Disburser	nent For: Primary	2010 General				Candid	date C	ontribut	ion		
Offic	te: NY	President District: 04		Other (spe	ecify) 🔻									

	ITEMIZED DISBURSEMENTS	Use separate schedule(s	()		₹ LINE eck only		11.		l	FAC	JL 10	3 / 114
		for each category of the Detailed Summary Page		À	21b 27	22 28a		23 28b	2	24 28c	25 29	
	y Information copied from such Reports and States for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)											
$ \rangle$	American Optometric Association Politica	Action Committee										
	Full Name (Last, First, Middle Initial) Mike Mcintyre For Congress Mailing Address P.O. Box 1					Trans Date o		burse			21 Ž 0 () 9 [°]
	City	State Zip Code				Amou	nt of	Each	Disbu	ursem	nent thi	s Period
	Lumberton Purpose of Disbursement Candidate Contribution	NC 28359		011							2500.	00
	Candidate Name Rep. Mike McIntyre		Ca	tego Type	ry/							
		ement For: 2010 Primary General Other (specify)				Candi	date	Con	tribu	tion		
	Full Name (Last, First, Middle Initial) Cathy Mcmorris Rodgers For Congress					Trans Date of		burse			25 2 0 ((Y
	Mailing Address Box 137											
	City Spokane Purpose of Disbursement Candidate Contribution	State Zip Code WA 99210		011	\neg	Amou	nt of	Each	Disbu		ent thi 2500.	s Period
	Candidate Name Rep. Cathy McMorris Rodgers		Ca	atego Type	ry/							
		ement For: 2010 Primary General Other (specify)	•			Candi	date	Con	tribu	tion		
	Full Name (Last, First, Middle Initial) Tim Bishop For Congress					Trans Date of	of Dis	burse	ment	8333	-	
	Mailing Address PO Box 437					1 1	М /	^D 1	3 /	Y	ž 0 (9 1
	City Farmingville	State Zip Code NY 11738				Amou	nt of	Each	Disbu	ursem	nent thi	s Perioc
	Purpose of Disbursement			011		L.					1000.	00
	Candidate Contribution			-								
			Ca	atego Type								
	Candidate Contribution Candidate Name Rep. Timothy Bishop Office Sought: X House Disburs	ement For: 2010 Primary General Other (specify)	Ca	itego		Candi	date	Con	tribu	tion		

	CHEDOLE B (I LC I OIIII 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 104 / 11 (check only one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
	for commercial purposes, other than using the		y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) American Optometric Association Polit	cal Action Committee	
	Full Name (Last, First, Middle Initial) Alan Mollohan For Congress Committee Mailing Address P. O. Box 1343	Э	Transaction ID: 30833487 Date of Disbursement M M M / D D D / Y Y Y O O 9
	City Fairmont	State Zip Code WV 26555	Amount of Each Disbursement this Per
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Alan B. Mollohan		011 Category/ Type
	Office Sought: X House Senate President State: WV District: 01	xrsement For: 2010 X Primary General Other (specify) ▼	Candidate Contribution
	Full Name (Last, First, Middle Initial) Moore For Congress Mailing Address PO Box 16646		Transaction ID: 30833718 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Milwaukee Purpose of Disbursement	State Zip Code WI 53216	Amount of Each Disbursement this Per 2500.00
	Candidate Contribution Candidate Name Rep. Gwendolynne Moore		011 Category/ Type
	Office Sought: X House Senate President State: WI District: 04	xrsement For: 2010 X Primary General Other (specify)	Candidate Contribution
	Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy		Transaction ID: 30833944 Date of Disbursement
	Mailing Address P.O. Box 127		111
	City Cheshire	State Zip Code CT 06410	Amount of Each Disbursement this Per
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Christopher Scott Murphy		011 Category/ Type
	Office Sought: X House Senate President State: CT District: 05	xrsement For: 2010 X Primary General Other (specify)	Candidate Contribution
	UBTOTAL of Disbursements This Page (optio	0	5000.00

		Use separate schedule(s)	FC (ch	neck only	one)							
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		À	21b 27	22 28a	Х	23 28b	В	24 28c		25 29	20
	y Information copied from such Reports and State for commercial purposes, other than using the nar												
Λ	NAME OF COMMITTEE (In Full)												
\mathbb{Z}	American Optometric Association Politica	Action Committee											
	Full Name (Last, First, Middle Initial) Friends Of Jim Oberstar					Trans Date		-	_		201		
	Mailing Address 1017 8th St Ne						M	/ D	1 3	/ 🗅	ž	0 ŏ 9	Y
							_						
	City Washington	State Zip Code DC 20002				Amou	ınt o	Each	n Dis	burse	-	t this F	-
	Purpose of Disbursement Candidate Contribution			01	1		0				20	00.00	
	Candidate Name Rep. James L. Oberstar		Ca	-	ory/								
	Senate President	ement For: 2010 Primary General Other (specify)	I	71-		Cand	idat	e Co	ntrib	utior	1		
_	State: MN District: 08 Full Name (Last, First, Middle Initial)					Trans	no eti	on ID	. 2	0024	270		
	Citizens For John Olver For Congress					Date		sburs	eme				Υ
	Mailing Address P.O. Box 819 PO Box 819					11			1 3	L	2	0 ŏ 9	
	City Amherst	State Zip Code MA 01004				Amou	ınt o	f Eacl	n Dis	burse		t this F	
	Purpose of Disbursement Candidate Contribution			01	1			-			25	00.00	
	Candidate Name Rep. John Walter Olver			ateg Typ	ory/ e								
	Senate President	ement For: 2010 Primary General Other (specify)				Cand	idat	e Co	ntrib	utior	ו		
	State: MA District: 01 Full Name (Last, First, Middle Initial)					Trans	a o ti	on ID	. 2	0834	၉၁၀		
	Perlmutter For Congress					Date	of D	sburs	eme				
	Mailing Address 3440 Youngfield Street #264					1 1	М	/ D .	1 3	′ L`	ž	0 ŏ 9	Y
	City Wheat Ridge	State Zip Code CO 80033				Amou	ınt o	f Eacl	n Dis	burse	men	t this F	Period
	Purpose of Disbursement Candidate Contribution			01	1	L.	_	-			25	00.00	
	Candidate Name Rep. Edwin Perlmutter			ateg Typ	ory/ e								
		ement For: 2010 Primary General Other (specify)				Cand	idat	e Co	ntrib	utior	1		
_	State: CO District: 07												
1						_	-	-	-			00.00	-

	ITEMIZED DISBURSEMENTS	Use separate schedule(s	5)			INE NUMBER: PAGE only one)							
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	Х	23 28b		24 28c		25 29	2 3
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam												
Λ	NAME OF COMMITTEE (In Full)												
V	American Optometric Association Politica	Action Committee											
	Full Name (Last, First, Middle Initial) Keep Nick Rahall In Congress Committee					Trans			_		873		
						Date M	М	/ D	1 3	nı / [`	, Y	0 ŏ s	Y
	Mailing Address P O Box 64					1 !			1 3			003	
	City Beckley	State Zip Code WV 25802				Amou	ınt o	f Eacl	h Dis	burse	emen	t this F	Period
	Purpose of Disbursement					L.					20	00.00	
	Candidate Contribution Candidate Name		L C	01 ateg	1 Jory/								
	Rep. Nick Joe Rahall, II			Тур									
	X	ement For: 2010 Primary General Other (specify)				Cand	idat	e Co	ntrib	utior	า		
	State: WV District: 03												
	Full Name (Last, First, Middle Initial) Steve Rothman For New Jersey Inc.					Trans Date			_		073		
	Mailing Address P.O. Box 714						М	/ D	1 3	/ [Ź	o ŏ s	Y
	City	State Zip Code				Amou	ınt o	f Eacl	h Dis	burse	men	t this F	Period
	Hackensack	NJ 07602					-	-			20	00.00	
	Purpose of Disbursement Candidate Contribution			01	1		0	-	•			00.00	-
	Candidate Name Rep. Steven R. Rothman		1	ateg Typ	jory/ e								
		ement For: 2010 Primary General Other (specify)				Cand	idat	e Co	ntrib	utior	า		
	State: NJ District: 09 Full Name (Last, First, Middle Initial)												
	Tim Ryan For Congress					Trans Date	of D	sburs	seme	0835 nt			
	Mailing Address 1600 Roosevelt Avenue Suite 804					1 1	М	/ D	1 3	Ĺ	Ž	0 ŏ s)
	City Niles	State Zip Code OH 44446				Amou	ınt o	f Eacl	h Dis	burse	emen	t this F	Period
	Purpose of Disbursement Candidate Contribution		Г	01	1		_				10	00.00	
	Candidate Name Rep. Timothy J. Ryan			ateg Typ	jory/								
	Senate X President	ement For: 2010 Primary General Other (specify)	1	71-		Cand	idat	e Co	ntrib	utior	า		
	State: OH District: 17												
_							_						

IT	ITEMIZED DISBURSEMENTS	Use separate schedule(s)	_	ck only	one)	MBER: PAGE 10					
_	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	,	\Box	21b 27	22 28a	X 23 28	-	24 28c		25 29	2 3
	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)											
$ \rangle$	American Optometric Association Politica	I Action Committee										
	Full Name (Last, First, Middle Initial) Zack Space For Congress Committee Mailing Address 726 Sixteenth Street Ne					Transa Date of	f Disbu	_			0 ŏ 9	Y
	City	State Zip Code				Amour	nt of Fa		burse			
	Massillon	OH 44646				7 tiriodi		011 210		-	00.00	01100
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Zachary T. Space		Ca	011 atego Type	ry/					100	0.00	
	· · · · · · · · · · · · · · · · · · ·	ement For: 2010 Primary X Genera Other (specify)		Турс		Candid	date C	Contrib	oution	1		
	Full Name (Last, First, Middle Initial) Betty Sutton For Congress					Transa Date o	f Disbu	ırseme			0 ŏ 9	Y
	Mailing Address 1700 W. Market St. #15	5				1 1		13		. 2	009	
	City Akron	State Zip Code OH 44313				Amour	nt of Ea	ch Dis	burse	-	this P	eriod
	Purpose of Disbursement			011		-	-			100	70.00	
	Candidate Contribution Candidate Name Rep. Betty S. Sutton		Ca	atego Type	ry/							
	Candidate Name Rep. Betty S. Sutton Office Sought: X House Disburs	sement For: 2010 ☐ Primary ☐ Genera ☐ Other (specify) ▼	Ca	atego Type	ry/	Candio	date C	Contrib	oution	1		
	Candidate Name Rep. Betty S. Sutton Office Sought: X House Senate President	Primary Genera	Ca	_	ry/	Transa Date of	action f Disbu	ID: 3	0835	763		
	Candidate Name Rep. Betty S. Sutton Office Sought: X House Senate President State: OH District: 13 Full Name (Last, First, Middle Initial)	Primary Genera	Ca	_	ry/	Transa	action f Disbu	ID : 3	0835	763	0 ŏ 9	Y
	Candidate Name Rep. Betty S. Sutton Office Sought: X House Senate President State: OH District: 13 Full Name (Last, First, Middle Initial) Harry Teague For Congress	Primary Genera	Ca	_	ry/	Transa Date o	action f Disbu	ID: 3 irseme	0835 nt	763 Ž		
	Candidate Name Rep. Betty S. Sutton Office Sought: X House Senate President State: OH District: 13 Full Name (Last, First, Middle Initial) Harry Teague For Congress Mailing Address PO Box 5153 City Hobbs Purpose of Disbursement Candidate Contribution	C Primary General Other (specify) ▼ State Zip Code	Ca	_	ry/	Transa Date o	action f Disbu	ID: 3 irseme	0835 nt	763 Ž		
	Candidate Name Rep. Betty S. Sutton Office Sought: X House Senate President State: OH District: 13 Full Name (Last, First, Middle Initial) Harry Teague For Congress Mailing Address PO Box 5153 City Hobbs Purpose of Disbursement	C Primary General Other (specify) ▼ State Zip Code	Ca	Type	ry/	Transa Date o	action f Disbu	ID: 3 irseme	0835 nt	763 Ž	this P	
	Candidate Name Rep. Betty S. Sutton Office Sought: X House Senate President State: OH District: 13 Full Name (Last, First, Middle Initial) Harry Teague For Congress Mailing Address PO Box 5153 City Hobbs Purpose of Disbursement Candidate Contribution Candidate Name Rep. Harry Teague	C Primary General Other (specify) ▼ State Zip Code	Ca	Type 011 atego	ry/	Transa Date o	action f Disbu	ID: 3 urseme 13 ach Dis	0835 ent / Y	763 Ž ment	this P	

CHEDOLE D (I LOT OHII 3X)	Use separate schedule(s)	R LINE NUMBER: PAGE 108 / 114 eck only one)
 EMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 X 23 24 25 22 27 28a 28b 28c 29 3
y Information copied from such Reports and State for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) American Optometric Association Politic	al Action Committee	
Full Name (Last, First, Middle Initial) Welch For Congress Mailing Address PO Box 1682		Transaction ID: 30836288 Date of Disbursement M M M D 1 B V Y Y O 0 9
City Burlington	State Zip Code VT 05402	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution Candidate Name	011 Catego	ory/
X	Sement For: 2010 K Primary General Other (specify)	Candidate Contribution
Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson Mailing Address P.O. Box 61		Transaction ID: 30836585 Date of Disbursement M M M / D D D / Y Y Y O Y O Y 1 1 3 Y Y O O O
City St. Clairsville Purpose of Disbursement Candidate Contribution Candidate Name	State Zip Code OH 43950	
Mr. Charles Wilson Office Sought: X House Disbur	Category Type sement For: 2010 ⟨ Primary General Other (specify) ▼	
 Full Name (Last, First, Middle Initial) Dave Wu For Us Congress		Transaction ID: 30837636 Date of Disbursement
Mailing Address 818 Sw Third Ave. #11	32	111 / 13 / 2009
City Portland	State Zip Code OR 97204	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution Candidate Name	011	
Rep. David Wu	Catego Type	
A III	sement For: 2010 K Primary General Other (specify)	Candidate Contribution
SUBTOTAL of Disbursements This Page (optional		6000.00

		Use separate schedule(s	5)		OR LINE neck only							,	114
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		$\dot{\Box}$	21b 27	22 28a	X	23 28b		24 28c		25 29	20
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam												
$ \rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Political	Action Committee											
<u>L</u>	Full Name (Last, First, Middle Initial)					Trans	acti	on ID	· 3(ายวย	725		
	Alaskans For Don Young Inc.					Date		sburs	emer			ν.	Y
	Mailing Address 2504 Fairbanks Street					11			1 3	L	2	o ŏ 9	
	City Anchorage	State Zip Code AK 99503				Amou	int o	f Each	n Disk	ourse	ment	this F	eriod
	Purpose of Disbursement Candidate Contribution			01	1		_		-		250	00.00	
	Candidate Name Rep. Donald E. Young			ateg Typ									
		ement For: 2010 Primary General Other (specify)	•			Cand	idat	e Coi	ntrib	utior	1		
	Full Name (Last, First, Middle Initial) AMERIPAC: The Fund for a Greater America					Transaction ID: 30838938 Date of Disbursement							
	Mailing Address 1341 G Street NW Suite 200					111 / 13 / 2009							
	City Washington	State Zip Code DC 20005				Amou	int o	f Each	n Dist	ourse	-	this F	
	Purpose of Disbursement Committee Contribution		011							250	00.00	-	
	Candidate Name AMERIPAC: The Fund for a Greater America												
	Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)	•			Comr	nitte	ee Co	ontrik	outio	n		
	Full Name (Last, First, Middle Initial) Rob Andrews U.S. House Committee					Trans Date	of Di	sburs	emer				
	Mailing Address 215 Fourth Avenue Suite 200					1 1	M	/ D	1 6	/ L	ž	0 ŏ 9	Y
	City Haddon Heights	State Zip Code NJ 07076				Amou	int o	f Each	n Dist	ourse	ment	this F	eriod
	Purpose of Disbursement Candidate Contribution			011							100	00.00	
	Candidate Name Rep. Robert E. Andrews			Category/ Type									
		ement For: 2010 Primary General Other (specify)				Cand	idat	e Coi	ntrib	utior	1		

CHEDULE B (FEC FOIIII 3X)	Use separate sch	edule(s) (check c	NE NUMBER: PAGE 110 / 11: only one)
TEMIZED DISBURSEMENTS	for each category Detailed Summary	Page 21b 27	22 X 23 24 25 28 28 28 29
ny Information copied from such Reports and S r for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)	A O	_	
/ American Optometric Association Poli	tical Action Committee	е	
Full Name (Last, First, Middle Initial) PHIL PAC			Transaction ID: 30858692 Date of Disbursement
Mailing Address 499 South Capitol Suite 412			111
City Washington	State Zip Coo DC 20002		Amount of Each Disbursement this Peri
Purpose of Disbursement Committee Contribution		011	5000.00
Candidate Name PHIL PAC		Category/ Type	
Senate President	oursement For: Primary G Other (specify)	ieneral	Committee Contribution
State: District: Full Name (Last, First, Middle Initial)			In contract
Geoff Davis For Congress		Transaction ID: 30858694 Date of Disbursement	
Mailing Address 3161 Dixie Highway Suite F		111	
City Erlanger	State Zip Cod KY 41018		Amount of Each Disbursement this Peri
Purpose of Disbursement Candidate Contribution		011	2000.00
Candidate Name Rep. Geoffrey Davis		Category/ Type	
Office Sought: X House Senate President State: KY District: 04	oursement For: 20 X Primary G Other (specify) ▼	10 eneral	Candidate Contribution
Full Name (Last, First, Middle Initial) Yarmuth For Congress			Transaction ID: 30858867 Date of Disbursement
Mailing Address 1819 Brownsboro Ro Suite 100	pad		M M M / D 1 7 / Y 2 0 0 9 Y
City Louisville	State Zip Coo KY 40202		Amount of Each Disbursement this Peri
Purpose of Disbursement Candidate Contribution		011	2500.00
Candidate Name Rep. John A. Yarmuth		Category/ Type	
Senate President	oursement For: 20 X Primary G Other (specify)	10 eneral	Candidate Contribution
State: KY District: 03			

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	3)	(check on	E NUMBER: PAGE 111/114
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and State or commercial purposes, other than using the national states.				
	NAME OF COMMITTEE (In Full) American Optometric Association Politica	· · · · · · · · · · · · · · · · · · ·			
<u>/</u>	Full Name (Last, First, Middle Initial) Guthrie For Congress				Transaction ID: 30858870 Date of Disbursement
	Mailing Address PO Box 9639				111 / 17 / 2009
	City Bowling Green	State Zip Code KY 42102			Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution Candidate Name		-	011 ategory/	1500.00
	Rep. Brett Guthrie	ement For: 2010		Type	
		✓ Primary General✓ Other (specify) ▼			Candidate Contribution
	Full Name (Last, First, Middle Initial) Independent Action, Inc.				Transaction ID: 30858876 Date of Disbursement
	Mailing Address 1619 13th Street NW				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Washington	State Zip Code DC 20009			Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution		-	011	5000.00
	Candidate Name Independent Action, Inc.			ategory/ Type	
	Office Sought: House Disburg Senate President State: District:	ement For: Primary General Other (specify)			Committee Contribution
	Full Name (Last, First, Middle Initial) Udall For Us All				Transaction ID: 30866115 Date of Disbursement
	Mailing Address PO Box 25766				111
	City Albuquerque	State Zip Code NM 87125			Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution Candidate Name			011	1000.00
	Sen Tom Udall		Category/ Type		
	9 🗎	ement For: 2014 C Primary General			Candidate Contribution
	President State: NM District:	Other (specify)			

В.

President District: 05

~9·	5// 2 555555111										
S	CHEDULE B (FEC Form 3X)	Use separate schedule(s	1 -	NUMBER: PAGE 112/114							
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl)	y one) 22 X 23 24 25 26 28a 28b 28c 29 30b							
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam										
\rangle	NAME OF COMMITTEE (In Full) American Optometric Association Political	Action Committee									
	Full Name (Last, First, Middle Initial) MASS PAC			Transaction ID: 30871227 Date of Disbursement 111							
	Mailing Address P O Box 440324			11 18 2009							
	City Somerville	State Zip Code MA 02144		Amount of Each Disbursement this Period							
	Purpose of Disbursement Committee Contribution		011	5000.00							
	Candidate Name MASS PAC		Category/ Type								
	Office Sought: Senate President State: Disburse Senate President	ement For: Primary General Other (specify)		Committee Contribution							
	Full Name (Last, First, Middle Initial) John Lewis For Congress			Transaction ID: 30871229 Date of Disbursement							
	Mailing Address PO Box 2323 Suite 5300			111 18 7 2009							
	City Atlanta	State Zip Code GA 30301		Amount of Each Disbursement this Period							
	Purpose of Disbursement Candidate Contribution	011	1000.00								
	Candidate Name Rep. John Lewis		Category/ Type								
	X	ement For: 2010 Primary General Other (specify)		Candidate Contribution							

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	6000.00
TOTAL This Period (last page this line number only)	•	164500.00

State: GA

•	HEDULE B (FEC Form 3X) Use separate schedule(s)		(s)	FOR LINE (check onl	IE NUMBER: PAGE 113 / 114 nly one)						
TEMIZED DISBURSE	WEN IS TO	r each category of the etailed Summary Pag		X 21b 27	22 28a		23 28b	24 28c		25 29	
ny Information copied from such F for commercial purposes, other t											;
NAME OF COMMITTEE (In Fu		raddress of any point	Jai Con		onon conti	ibutio	113 110	iii sucii	COIIII	iiiioo	
American Optometric Asso	•	on Committee									
Full Name (Last, First, Middle In Bank of America	nitial)				Trans Date of			30935 ment	5800		
Mailing Address PO Box 7	790251				1 1	M /	D 0	^D /	Ý Ž	0 ŏ 9) Y
City St. Louis	State MO	Zip Code 63179			Amou	nt of	Each	Disburse	ement	t this F	Perio
Purpose of Disbursement Bank Fee				001	L.				90	04.44	
Candidate Name				ategory/							
Office Sought: House Senate Presider State: District:		t For: nary General er (specify)		Туре	Bank	Fee					
Full Name (Last, First, Middle In	nitial)							3093	5802		
Bank of America					Date o	of Dis	burse	ment	y · y	V .	Υ
Mailing Address PO Box 790251						111 03 7 2009)	
City St. Louis	State MO	Zip Code 63179			Amount of Each Disbursement this F					t this F	Perio
Purpose of Disbursement Discover Fee				001	L.					18.00	
Candidate Name				ategory/ Type							
Office Sought: House Senate Presider State: District:		t For: nary Genera er (specify) ▼	-1	21	Disco	ver F	ee				
Full Name (Last, First, Middle In Bank of America	nitial)				Trans			30935 ment	5805		
Mailing Address PO Box 7	790251				1 1	M /	^D 0	5 /	Y Ž	0 ŏ 9	Y
City St. Louis	State MO	Zip Code 63179			Amou	nt of	Each	Disburs	ement	t this F	Perio
Purpose of Disbursement American Express Fee	IVIO		T	001	L.				19	95.94	
Candidate Name				ategory/ Type							
Office Sought: House Senate Presider		t For: nary General er (specify)	-	- 760	Ameri	ican	Expr	ess Fe	Э		
State: District:		, •									
						-				18.38	

A.

В.

290// 2000000110		
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page FOR LINI (check on X 21b 27	PAGE 114/114 PAGE 114/114 PAGE 125 26 28a 28b 28c 29 30b 30b 28c 29 30b 28c 28c 28c 29 30b 28c 28c 28c 29 30b 28c 28c
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used by any person	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Association Political	Action Committee	
Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 790251		Transaction ID: 30935812 Date of Disbursement M M M / D D D / Y Y Y O Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code MO 63179	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fee Candidate Name	001 Category/ Type	99.23
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	Bank Fee
Full Name (Last, First, Middle Initial) Wachovia Federal		Transaction ID: 30935814 Date of Disbursement
Mailing Address 1650 Tyson Blvd.		M M / D D / Y Y Y O O O O
	State Zip Code VA 22102	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fee Candidate Name	001 Category/ Type	731.14
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	Bank Fee

SUBTOTAL of Disbursements This Page (optional)	•	830.37
TOTAL This Period (last page this line number only)	•	1948.75

State:

President District: