

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

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

FOR LINE NUMBER: PAGE 32 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Lynn R Gabe

Mailing Address 7302 Country Club Dr

City Pinetop State AZ Zip Code 85935-8700

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 28 / 2011
Transaction ID: 32911959
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr Mark Laton Bettencourt

Mailing Address 1107 3Rd St

City Wamego State KS Zip Code 66547-1406

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2011
Transaction ID: 32912621
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr David R Carlson

Mailing Address 2101 Newport

City Casper State WY Zip Code 82609-3838

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2011
Transaction ID: 32912629
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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