

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Optometric Association Political Action Committee

ADDRESS (number and street)

1505 Prince Street

Suite 300

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00024968

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

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

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

Signature of Treasurer

Thomas E. Nye O.D.

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y
10 / 31 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2011		393463.33
(b) Cash on Hand at Beginning of Reporting Period.....	559710.68	
(c) Total Receipts (from Line 19)	112259.46	789811.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	671970.14	1183274.49
7. Total Disbursements (from Line 31)	18684.67	529989.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	653285.47	653285.47
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
10 01 2011

To:

M M / D D / Y Y Y Y Y
10 31 2011
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

76182.34

526663.91

(ii) Unitemized

36035.86

258558.20

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

112218.20

785222.11

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

112218.20

785222.11

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

4000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

41.26

589.05

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

112259.46

789811.16

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

112259.46

789811.16

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2684.67	22864.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2684.67	22864.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	495000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	125.00
(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	125.00
29. Other Disbursements	0.00	12000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18684.67	529989.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18684.67	529989.02

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	112218.20	785222.11
34. Total Contribution Refunds (from Line 28(d))	0.00	125.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	112218.20	785097.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2684.67	22864.02
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2684.67	22864.02

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Eric H Knutson

Mailing Address 2830 N W Duchess Pl

City

Corvallis

State

OR

Zip Code

97330-3207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 01 / 2011

Transaction ID : 33825467

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Scott M Walters

Mailing Address 1025 Nw Regent Drive

City

Grants Pass

State

OR

Zip Code

97526-3383

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 01 / 2011

Transaction ID : 33825468

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Barbara A Scheetz

Mailing Address 4830 Hawthorne Dr

City

West Des Moines

State

IA

Zip Code

50265-2019

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

10 / 01 / 2011

Transaction ID : 33825470

Amount of Each Receipt this Period

25.00

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

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

400.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Movses D'Janbatian

Mailing Address 2140 Winona Blvd

City

Los Angeles

State

CA

Zip Code

90027-1042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 01 / 2011

Transaction ID : 33825544

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Samantha K Caggiano

Mailing Address 28273 Se Highway 224

City

Eagle Creek

State

OR

Zip Code

97022-9721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 01 / 2011

Transaction ID : 33825550

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Rita M Medrano

Mailing Address 6302 Pine Trail Ln

City

Kingwood

State

TX

Zip Code

77346-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 02 / 2011

Transaction ID : 33825553

Amount of Each Receipt this Period

125.00

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

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

875.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mark K Helgeson

Mailing Address P O Box O

City

Park River

State

ND

Zip Code

58270-0714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 03 / 2011

Transaction ID : 33825563

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Kathleen E Powell

Mailing Address 9710 Copper Drive

City

Anchorage

State

AK

Zip Code

99507-1226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 03 / 2011

Transaction ID : 33825564

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Dr Dirk Michael Beyer

Mailing Address 709 South 5Th St

City

Hamilton

State

MT

Zip Code

59840-2755

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

921.45

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 03 / 2011

Transaction ID : 33825566

Amount of Each Receipt this Period

144.29

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

479.29

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert L Owens II

Mailing Address 8 Century Lane

City

Newmanstown

State

PA

Zip Code

17073-8982

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 03 / 2011

Transaction ID : 33825567

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Philip J. Gross

Mailing Address 46 Wintergreen Way

City

Magnolia

State

DE

Zip Code

19962-1474

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 03 / 2011

Transaction ID : 33825568

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Robert L Jarrell III

Mailing Address 50 Cedar Hill Rd

City

Albuquerque

State

NM

Zip Code

87122-1928

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 ▼

1714.32

Date of Receipt

10 / 03 / 2011

Transaction ID : 33825569

Amount of Each Receipt this Period

285.72

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

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

385.72

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr George Edward Ozer

Mailing Address 2316 Meetinghouse Road

City

Upper Chichester

State

PA

Zip Code

19061-3438

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 03 / 2011

Transaction ID : 33825570

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Thomas E Nye

Mailing Address 42 Tabor Lane

City

Hamilton

State

OH

Zip Code

45013-5118

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 ▼

769.10

Date of Receipt

10 / 01 / 2011

Transaction ID : 33841235

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Robert J Fleckenstein

Mailing Address 1830 Rebel Ridge

City

Anchorage

State

AK

Zip Code

99504-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

10 / 04 / 2011

Transaction ID : 33847932

Amount of Each Receipt this Period

85.00

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

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

285.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Harvey B Richman FAAO

Mailing Address 136 Main Street

City

Manasquan

State

NJ

Zip Code

08736-3558

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 04 / 2011

Transaction ID : 33847935

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Julie A Toon

Mailing Address 2204 Longwood Cir

City

Wichita

State

KS

Zip Code

67226-1157

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 04 / 2011

Transaction ID : 33847936

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Randall N Reichle

Mailing Address 1818 Stacy Fall

City

Houston

State

TX

Zip Code

77008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 04 / 2011

Transaction ID : 33847937

Amount of Each Receipt this Period

75.00

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

166.67

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr David R Holliday

Mailing Address 21 Sand Piper Place

City State Zip Code
 Beckley WV 25801-3665

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 04 / 2011

Transaction ID : 33853763

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Casey M Roelfs

Mailing Address 1254 Noble Hills

City State Zip Code
 Boone IA 50036-7569

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 05 / 2011

Transaction ID : 33856271

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Dr David Edward Magnus

Mailing Address P O Box 2144

City State Zip Code
 Corrales NM 87048-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 05 / 2011

Transaction ID : 33856272

Amount of Each Receipt this Period

50.00

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

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

1080.42

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Adrian Tenorio

Mailing Address 1702 Royal Dr

City

Las Cruces

State

NM

Zip Code

88011-4926

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

10 / 05 / 2011

Transaction ID : 33856273

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr Jeffrey J Neighbors

Mailing Address 119 S Cadwell

City

Eagle Grove

State

IA

Zip Code

50533-2121

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 ▼

700.00

Date of Receipt

10 / 05 / 2011

Transaction ID : 33856275

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Clarke D Newman

Mailing Address 7700 Greenway Blvd A-4

City

Dallas

State

TX

Zip Code

75209-7324

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 ▼

1750.00

Date of Receipt

10 / 05 / 2011

Transaction ID : 33856276

Amount of Each Receipt this Period

250.00

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

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

375.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr James L Boccuzzi

Mailing Address 689 Mansfield City Rd

City

Storrs Mansfield

State

CT

Zip Code

06268-2728

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 ▼

3000.00

Date of Receipt

MM / DD / YYYY
10 / 05 / 2011

Transaction ID : 33860275

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Dr John E Beigel

Mailing Address 350 Oakridge Drive

City

Sidney

State

OH

Zip Code

45365-8430

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

MM / DD / YYYY
10 / 05 / 2011

Transaction ID : 33861049

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Mary Anne C Murphy

Mailing Address 16683 Cathedral Way

City

Broomfield

State

CO

Zip Code

80023-4645

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

MM / DD / YYYY
10 / 06 / 2011

Transaction ID : 33861051

Amount of Each Receipt this Period

25.00

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

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

2275.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Dawn K De carlo

Mailing Address 609 Park Lake Circle

City

Vestavia

State

AL

Zip Code

35242-7516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 06 / 2011

Transaction ID : 33861052

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Frederick P Darin

Mailing Address 405 Tirrell Rd

City

Charlotte

State

MI

Zip Code

48813-2131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 06 / 2011

Transaction ID : 33861053

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Edward Lemon

Mailing Address 351 Main St

City

Barnwell

State

SC

Zip Code

29812-2521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 06 / 2011

Transaction ID : 33861054

Amount of Each Receipt this Period

250.00

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

400.00

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

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

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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Keith A Schrunk

Mailing Address 2063 Rock Branch Road

City

Anthon

State

IA

Zip Code

51004-8150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 06 / 2011

Transaction ID : 33861055

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr James Maxwell Ernst

Mailing Address 14 Bittersweet Dr

City

Alexandria

State

KY

Zip Code

41001-1300

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 ▼

2000.00

Date of Receipt

10 / 06 / 2011

Transaction ID : 33861057

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Mark D Esarey

Mailing Address 1680 State Hwy 130

City

Charleston

State

IL

Zip Code

61920-6752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 06 / 2011

Transaction ID : 33861058

Amount of Each Receipt this Period

125.00

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

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

655.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Christopher J Colburn

Mailing Address 30 Winchester Rd

City

Lakewood

State

NY

Zip Code

14750-1734

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 ▼

833.40

Date of Receipt

10 / 06 / 2011

Transaction ID : 33861059

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Dr John D Coble

Mailing Address 1501 Sunset Hill

City

Rockwall

State

TX

Zip Code

75087-3216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.15

Date of Receipt

10 / 06 / 2011

Transaction ID : 33861060

Amount of Each Receipt this Period

83.35

Full Name (Last, First, Middle Initial)

C. Dr Brian T Lynch

Mailing Address 385 Seahill Rd

City

North Branford

State

CT

Zip Code

06471-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2011

Transaction ID : 33862352

Amount of Each Receipt this Period

500.00

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

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

666.69

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Anthony C DiMaggio

Mailing Address 1299 Highway 3226

City

Deridder

State

LA

Zip Code

70634-9133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 03 / 2011

Transaction ID : 33862358

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Heather A DiMaggio

Mailing Address 1299 Hwy 3226

City

Deridder

State

LA

Zip Code

70634-9133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 03 / 2011

Transaction ID : 33862359

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Adriana A Sanchez

Mailing Address 11454 Windy Summit Place

City

San Diego

State

CA

Zip Code

92127-2049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 03 / 2011

Transaction ID : 33862370

Amount of Each Receipt this Period

125.00

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

625.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jean L De Moss

Mailing Address 14244 W Evans Circle

City

Lakewood

State

CO

Zip Code

80228-5929

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

M M / D D / Y Y Y Y Y Y
10 / 04 / 2011

Transaction ID : 33862459

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Kevin J Krajewski

Mailing Address 14244 W Evans Circle

City

Lakewood

State

CO

Zip Code

80228-5929

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

M M / D D / Y Y Y Y Y Y
10 / 04 / 2011

Transaction ID : 33862460

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Russell T Simmons

Mailing Address 2925 Hot Springs Highway

City

Benton

State

AR

Zip Code

72019-1894

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2011

Transaction ID : 33862463

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Cheryl T Stoker

Mailing Address 825 Parkway Dr

City

Natchitoches

State

LA

Zip Code

71457-5535

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 ▼

716.64

Date of Receipt

10 / 07 / 2011

Transaction ID : 33863487

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Jonathan L Shrewsbury

Mailing Address P O Box 109

Green Acres Subdivision

City

Beaver Dam

State

KY

Zip Code

42320-0109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 07 / 2011

Transaction ID : 33863807

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Dr Deanna Swafford Alexander

Mailing Address 4127 Cedargate Dr

City

Fort Collins

State

CO

Zip Code

80526-3386

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 07 / 2011

Transaction ID : 33863809

Amount of Each Receipt this Period

250.00

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

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

425.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jacqueline M Bowen

Mailing Address 3930 W 19Th St Ln

City State Zip Code
 Greeley CO 80634-3446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 08 / 2011

Transaction ID : 33863951

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Adam P Parker

Mailing Address 10800 Rimber Cte

City State Zip Code
 Glen Allen VA 23060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 08 / 2011

Transaction ID : 33863953

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Dr Rebecca H Wartman

Mailing Address 46 Lambeth Walk

City State Zip Code
 Fairview NC 28730-7721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

10 / 08 / 2011

Transaction ID : 33863955

Amount of Each Receipt this Period

200.00

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

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

280.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert P Nyre

Mailing Address 2505 10Th Ave Nw

City

Minot

State

ND

Zip Code

58703-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 08 / 2011

Transaction ID : 33863957

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Dr Dawn Marie Miller

Mailing Address 3004 E Lake Hill Dr

City

Orange

State

CA

Zip Code

92867-1910

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

10 / 08 / 2011

Transaction ID : 33863958

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Dr Dale Ching

Mailing Address 5 Westbury Dr

City

Saratoga Spgs

State

NY

Zip Code

12866-9126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 08 / 2011

Transaction ID : 33863983

Amount of Each Receipt this Period

200.00

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

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

265.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Paul C Bruderer

Mailing Address 385 Miller Way

City State Zip Code
 Farmington UT 84025-4508

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 09 2011

Transaction ID : 33864018

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr Brian F Rowley

Mailing Address 619 N 330 W

City State Zip Code
 Santaquin UT 84655-5099

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 09 2011

Transaction ID : 33864019

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Dr David J Shippee

Mailing Address Box 307

City State Zip Code
 Sherman Oaks ME 04777

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 09 2011

Transaction ID : 33864020

Amount of Each Receipt this Period

41.66

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

91.66

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Kenneth Ray Moultrie

Mailing Address 1809 Gaslight Way

City

Huntsville

State

AL

Zip Code

35801-1555

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 ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2011

Transaction ID : 33864023

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

B. Dr Barbara L Horn

Mailing Address 61269 Coralburst Dr

City

Washington

State

MI

Zip Code

48094-1746

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1663.62

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2011

Transaction ID : 33864024

Amount of Each Receipt this Period

168.18

Full Name (Last, First, Middle Initial)

C. Dr Janice M Mc Mahon

Mailing Address 308 Vernon Ave

City

Wheaton

State

IL

Zip Code

60187-4643

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2011

Transaction ID : 33864025

Amount of Each Receipt this Period

20.00

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

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

243.18

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Tracie M King

Mailing Address 1323 South Hanover St

City

Baltimore

State

MD

Zip Code

21230-4220

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

10 / 09 / 2011

Transaction ID : 33864026

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Victoria Ann Blower

Mailing Address 2301 Loussac Dr

City

Anchorage

State

AK

Zip Code

99517-1230

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 ▼

680.00

Date of Receipt

10 / 09 / 2011

Transaction ID : 33864030

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

c. Dr Lynn Smith Hammonds

Mailing Address 2725 Smyer Road

City

Vestavia

State

AL

Zip Code

35216-1026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

10 / 09 / 2011

Transaction ID : 33864031

Amount of Each Receipt this Period

166.67

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

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

376.67

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Paul Philippe Cote

Mailing Address 18 Little Androscoggin Drive

City

Auburn

State

ME

Zip Code

04210-8884

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2011

Transaction ID : 33864054

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Joe Ernest Ellis

Mailing Address 179 Wood Trace

City

Benton

State

KY

Zip Code

42025-9400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2011

Transaction ID : 33864055

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr Michael L Nichols

Mailing Address 3910 Foxcreek Way

City

Columbia

State

MO

Zip Code

65203-8855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2011

Transaction ID : 33864056

Amount of Each Receipt this Period

100.00

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

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

308.34

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Gilbert E Pierce

Mailing Address 8639 Olenbrook Drive

City

Lewis Center

State

OH

Zip Code

43035-8702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

10 / 10 / 2011

Transaction ID : 33864057

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Dr Paul Schroeder

Mailing Address 616 12Th Street Sw

City

Le Mars

State

IA

Zip Code

51031-2265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 33864432

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Dr Gregory Willard Hicks

Mailing Address 419 Bogart Road East

City

Sandusky

State

OH

Zip Code

44870-6404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1668.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 33864433

Amount of Each Receipt this Period

166.00

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

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

236.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Gregory W Kraupa

Mailing Address 4280 Reiland Lane

City
ShoreviewState
MNZip Code
55126-3127FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2011

Transaction ID : 33864434

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Dr Robert Craig Janot

Mailing Address 100 Orchard Drive

City
SulphurState
LAZip Code
70663-6268FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2011

Transaction ID : 33864435

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Dr Andrea E Bethel

Mailing Address 1621 Terra Del Sol Dr Se

City
Rio RanchoState
NMZip Code
87124-8709FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2011

Transaction ID : 33864437

Amount of Each Receipt this Period

50.00

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

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

133.67

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Nathan H Drum

Mailing Address 410 Slate Ledge Road

City

Littleton

State

NH

Zip Code

03561-3419

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 ▼

560.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 33864438

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Dr Denise Lynn Thanepohn

Mailing Address 130 Beaufort Circle

City

Anchorage

State

AK

Zip Code

99515-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 33864439

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Fred H Dubick

Mailing Address 4047 Meadow Lark Drive

City

Calabasas

State

CA

Zip Code

91302-1844

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 ▼

2000.00

Date of Receipt

10 / 03 / 2011

Transaction ID : 33865510

Amount of Each Receipt this Period

800.00

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

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

985.00

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mark Laton Bettencourt

Mailing Address 4469 Horizon Trail Rd

City

Wamego

State

KS

Zip Code

66547

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 06 / 2011

Transaction ID : 33865524

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr David Leslie Evans

Mailing Address 112 Foxcrest Cove

City

Jacksonville

State

AR

Zip Code

72076-2681

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

10 / 06 / 2011

Transaction ID : 33865529

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

c. Dr Glenn E Partin

Mailing Address 1450 N Bittercreek Terr

City

Mustang

State

OK

Zip Code

73064-9430

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 06 / 2011

Transaction ID : 33865532

Amount of Each Receipt this Period

500.00

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

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

880.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Lawrence T Ginsberg

Mailing Address 21 Knapton St

City

Barrington

State

RI

Zip Code

02806-2644

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

10 / 06 / 2011

Transaction ID : 33865534

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Mitchell H Albers

Mailing Address 1321 Prestwick Place

City

Mahtomedi

State

MN

Zip Code

55115-2859

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 04 / 2011

Transaction ID : 33865538

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Genevieve K Corrigan

Mailing Address 484 Williams St

City

Folsom

State

CA

Zip Code

95630-9559

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

10 / 04 / 2011

Transaction ID : 33865542

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Isabel Kazemi

Mailing Address 80 Pleasant Ln

City

San Rafael

State

CA

Zip Code

94901-5063

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

10 / 04 / 2011

Transaction ID : 33865547

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Surveen K Singh

Mailing Address 1830 33Rd Ave

City

San Francisco

State

CA

Zip Code

94122-4106

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

10 / 04 / 2011

Transaction ID : 33865548

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Jeffrey Gilbert Hirschl

Mailing Address 7428 Eagle Trace

City

Boardman

State

OH

Zip Code

44512-8100

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

10 / 04 / 2011

Transaction ID : 33865561

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Edward L Robbins

Mailing Address 11 Christine Court

City

Wayne

State

NJ

Zip Code

07470-6523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 04 / 2011

Transaction ID : 33865562

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Elliot Vaupen

Mailing Address 1232 Monument St

City

Pacific Palisades

State

CA

Zip Code

90272-2541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 07 / 2011

Transaction ID : 33865572

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Michael Polasky

Mailing Address 5088 Breckenhurst Dr

City

Hilliard

State

OH

Zip Code

43026-8659

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

10 / 07 / 2011

Transaction ID : 33865574

Amount of Each Receipt this Period

250.00

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

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

850.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robin Rinearson

Mailing Address 6223 Edgewater Dr

City

Falls Church

State

VA

Zip Code

22041-1403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 07 / 2011

Transaction ID : 33865583

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Robert E Fisch

Mailing Address 420 57Th Street #108

City

Kenosha

State

WI

Zip Code

53140-4250

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 07 / 2011

Transaction ID : 33865588

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Johnny Lee Lewis

Mailing Address 1109 Spivey Rd

City

Whiteville

State

NC

Zip Code

28472-2910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 07 / 2011

Transaction ID : 33865590

Amount of Each Receipt this Period

500.00

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

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

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 142

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Michael Caplan

Mailing Address 11469 Bronzedale Drive

City

Oakton

State

VA

Zip Code

22124-2125

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 ▼

566.67

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2011

Transaction ID : 33865605

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Anne F Meccariello

Mailing Address 9415 Onion Patch Drive

City

Burke

State

VA

Zip Code

22015-4508

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 ▼

566.66

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2011

Transaction ID : 33865606

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Thomas V Casella Sr

Mailing Address 5 Bristlecone Way

City

Augusta

State

GA

Zip Code

30909-1846

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2011

Transaction ID : 33865607

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Steven Arthur Loomis

Mailing Address 6436 Spotted Fawn Run

City State Zip Code
 Littleton CO 80125-9055

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 12 2011

Transaction ID : 33865655

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Randolph E Brooks

Mailing Address 3 Schindler Drive

City State Zip Code
 Succasunna NJ 07876-1183

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 12 2011

Transaction ID : 33865658

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr Michael William Lamb

Mailing Address 7531 E Christmas Cholla Dr

City State Zip Code
 Scottsdale AZ 85255-2731

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 12 2011

Transaction ID : 33865659

Amount of Each Receipt this Period

125.00

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

525.00

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Tina Nguyen Burr

Mailing Address 3882 Waythorn Place

City

Fairfax

State

VA

Zip Code

22033-2444

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

M M / D D / Y Y Y Y Y Y
10 / 11 / 2011

Transaction ID : 33866069

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Stephen F Bolick

Mailing Address 509 Lake Boone Trail

City

Raleigh

State

NC

Zip Code

27608-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2011

Transaction ID : 33866070

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Dr April L Jasper

Mailing Address P O Box 2375

City

West Palm Beach

State

FL

Zip Code

33402-2375

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2011

Transaction ID : 33866074

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 38 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Dewey A Handy

Mailing Address 963 Matairie Road

City

Jackson

State

MS

Zip Code

39209-6910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2011

Transaction ID : 33866075

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Fred E Weiser

Mailing Address 11192 Windhurst

City

White Lake

State

MI

Zip Code

48386-3681

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2011

Transaction ID : 33871071

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Gerald A Skiba II

Mailing Address 2524 Beebe Blvd

City

Ossineke

State

MI

Zip Code

49766-9645

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2011

Transaction ID : 33871073

Amount of Each Receipt this Period

125.00

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

500.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mark Richard Chasse

Mailing Address 168 Wildermere Road

City

Berlin

State

CT

Zip Code

06037-3049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2011

Transaction ID : 33871075

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Michael Briggs Bauman

Mailing Address 139 Acorn Lane

City

Danville

State

VA

Zip Code

24541-6201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2011

Transaction ID : 33871076

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Shane E Ford

Mailing Address 615 Fieldstone Lane

City

Conway

State

AR

Zip Code

72034-7633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2011

Transaction ID : 33871081

Amount of Each Receipt this Period

365.00

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

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

815.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Paul M Stasik

Mailing Address 1670 Ne 64Th Ave

City

Hillsboro

State

OR

Zip Code

97124-5106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 33871082

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Wesley D Kemp

Mailing Address P O Box 937

City

Bolivar

State

MO

Zip Code

65613-0937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 33871088

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Eugene D Cropp

Mailing Address 708 Cabrillo Drive

City

Verona

State

WI

Zip Code

53593-8236

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 ▼

225.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 33871090

Amount of Each Receipt this Period

125.00

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

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

875.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Giselle Lander

Mailing Address 5010 Boulder Creek Dr

City

Solon

State

OH

Zip Code

44139-1380

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

10 / 11 / 2011

Transaction ID : 33871091

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Matthew E Groshart

Mailing Address 1890 Fairway Lane

City

Sheridan

State

WY

Zip Code

82801-3202

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

10 / 11 / 2011

Transaction ID : 33871094

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Stacie R Nichols

Mailing Address P O Box 372

City

Davenport

State

WA

Zip Code

99122-0372

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

10 / 11 / 2011

Transaction ID : 33871096

Amount of Each Receipt this Period

250.00

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

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

750.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 142

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Lori J Kirschenmann

Mailing Address 8572 Stratford Lane N

City

Brooklyn Park

State

MN

Zip Code

55443-3853

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 33871098

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Gerald E Olson

Mailing Address 1338 Knollwood Drive

City

Monroeville

State

PA

Zip Code

15146-4449

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

10 / 11 / 2011

Transaction ID : 33871102

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr David Martin Sclar

Mailing Address 308 Delight Meadows Rd

City

Reisterstown

State

MD

Zip Code

21136-6226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 33871106

Amount of Each Receipt this Period

300.00

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

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

750.00

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

Use separate schedule(s)
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Detailed Summary Page

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PAGE 43 OF 142

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Michael Gabriel Stamboly

Mailing Address 401 5Th Street Ne

City

Atlanta

State

GA

Zip Code

30308-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 33871107

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Vincent Vicci Jr

Mailing Address 470 Penns Way

City

Basking Ridge

State

NJ

Zip Code

07920-3073

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

10 / 11 / 2011

Transaction ID : 33871108

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Nathaniel D Shilman

Mailing Address 538 9Th Avenue East

City

Dickinson

State

ND

Zip Code

58601-5481

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 33871111

Amount of Each Receipt this Period

500.00

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

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

1250.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr R. Bryan Boozer

Mailing Address 1602 Wildwood St Sw

City

Cullman

State

AL

Zip Code

35055-4555

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 13 / 2011

Transaction ID : 33873121

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Sarah C Gordon

Mailing Address 252 Inverness Center Dr

City

Birmingham

State

AL

Zip Code

35242-4834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 13 / 2011

Transaction ID : 33873122

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Brenden R White

Mailing Address 864 E Ranch Circle

City

Draper

State

UT

Zip Code

84020-9011

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

10 / 13 / 2011

Transaction ID : 33873123

Amount of Each Receipt this Period

25.00

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

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

125.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Brian D Cin

Mailing Address 17342 Alice Loop

City
Eagle River

State
AK

Zip Code
99577-7579

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 13 / 2011

Transaction ID : 33873124

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Mindy M Blackford

Mailing Address 2361 Shelby 210

City
Leonard

State
MO

Zip Code
63451-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.20

Date of Receipt

10 / 13 / 2011

Transaction ID : 33873125

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Dr Edwin Y Endo

Mailing Address 98828 Hiliu Pl

City
Aiea

State
HI

Zip Code
96701-2785

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

10 / 13 / 2011

Transaction ID : 33873126

Amount of Each Receipt this Period

41.66

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

122.08

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jeffrey David Hill

Mailing Address 126 Treymoor Drive

City

Alabaster

State

AL

Zip Code

35007-3150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 13 / 2011

Transaction ID : 33873127

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Joseph S Leni

Mailing Address 236 Stardust Dr

City

Johnstown

State

PA

Zip Code

15904-3066

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 13 / 2011

Transaction ID : 33881705

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Dr Melvin G Cleveland Jr

Mailing Address 2704 Redstone Drive

City

Arlington

State

TX

Zip Code

76001-5483

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : 33901810

Amount of Each Receipt this Period

250.00

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

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

700.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Kimberly D Ocampo

Mailing Address 823 6Th Avenue Se

City

Decatur

State

AL

Zip Code

35601-3021

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

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : 33901812

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Brian J Plattner

Mailing Address 917 S Market Street

City

Knoxville

State

IL

Zip Code

61448-1299

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 ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : 33901813

Amount of Each Receipt this Period

850.00

Full Name (Last, First, Middle Initial)

C. Dr Thomas Annunziato

Mailing Address 11700 Northview Dr

City

Aledo

State

TX

Zip Code

76008-5223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.33

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2011

Transaction ID : 33901814

Amount of Each Receipt this Period

833.33

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

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

193.33

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Greg A Caldwell

Mailing Address 225 Terrace Drive

City

State

Zip Code

Lilly

PA

15938-5819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : 33901816

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Brian S Klinger

Mailing Address 466 Washington Road

City

State

Zip Code

Rye

NH

03870-2451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

New Hampshire Optometric Association

Executive Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : 33902407

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Steven Richlin

Mailing Address 16225 Quemada Rd

City

State

Zip Code

Encino

CA

91436-3620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 15 / 2011

Transaction ID : 33902814

Amount of Each Receipt this Period

500.00

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

1166.67

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Linda M Chous

Mailing Address 1295 W Royal Oaks Drive

City

Shoreview

State

MN

Zip Code

55126-8478

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 ▼

818.19

Date of Receipt

10 / 15 / 2011

Transaction ID : 33902816

Amount of Each Receipt this Period

90.91

Full Name (Last, First, Middle Initial)

B. Dr Mark J Hennen

Mailing Address 1613 Atwater Path

City

Inver Grove Heights

State

MN

Zip Code

55077-1201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

10 / 15 / 2011

Transaction ID : 33902817

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Vincent W Brandys Jr

Mailing Address 998 Ascot Drive

City

Elgin

State

IL

Zip Code

60123-6761

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 ▼

1670.00

Date of Receipt

10 / 15 / 2011

Transaction ID : 33902822

Amount of Each Receipt this Period

167.00

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

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

307.91

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr David L Parker

Mailing Address 4889 Bobo Place

City

Olive Branch

State

MS

Zip Code

38654-8223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

388.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 15 / 2011

Transaction ID : 33902823

Amount of Each Receipt this Period

55.56

Full Name (Last, First, Middle Initial)

B. Dr Jennifer E Davis

Mailing Address 16 Pambrook Dr

City

Fishersville

State

VA

Zip Code

22939-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 15 / 2011

Transaction ID : 33902824

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Dr Scott L Nehring

Mailing Address 32840 S Meridian Road

City

Woodburn

State

OR

Zip Code

97071-8768

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 15 / 2011

Transaction ID : 33902825

Amount of Each Receipt this Period

42.00

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

138.56

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jared P Walker

Mailing Address 609 Diamond Dr

City

Kimberly

State

ID

Zip Code

83341-1938

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : 33902834

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Dr Gary P Walker

Mailing Address 1733 W Wild Flower Ln

City

Twin Falls

State

ID

Zip Code

83301-3691

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : 33902835

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Dr Mamie Cassandra Chan

Mailing Address 13713 Vic Road Ne

City

Albuquerque

State

NM

Zip Code

87112-6602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : 33902837

Amount of Each Receipt this Period

50.00

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

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

110.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Thomas W Hobbs

Mailing Address 13 Ne 550 Rd

City

Warrensburg

State

MO

Zip Code

64093-7473

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 16 / 2011

Transaction ID : 33903935

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Ron W Roelfs

Mailing Address 1304 Shepherd Ave

City

Waverly

State

IA

Zip Code

50677-9632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 16 / 2011

Transaction ID : 33903936

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Dr Bruce L Manning

Mailing Address 8190 Crossgate Ct N

City

Dublin

State

OH

Zip Code

43017-8431

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 16 / 2011

Transaction ID : 33903938

Amount of Each Receipt this Period

31.00

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

116.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Joseph M. Di Girolamo

Mailing Address 2685 Kendalwood Lane

City

Charlottesville

State

VA

Zip Code

22911-8260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 16 / 2011

Transaction ID : 33920013

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Lee Ann Barrett

Mailing Address 1199 E Morgan

City

Boonville

State

MO

Zip Code

65233-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Optometric Association, Inc.

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 17 / 2011

Transaction ID : 33920014

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Dr Barry J Jose

Mailing Address 2409 Wintersteen Rd

City

Plattsburgh

State

NE

Zip Code

68048-8958

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 ▼

240.00

Date of Receipt

10 / 17 / 2011

Transaction ID : 33920015

Amount of Each Receipt this Period

30.00

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

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

580.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Freddie M Mayes

Mailing Address 117 Magnolia Drive

City State Zip Code
 Central City KY 42330-1727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 17 / 2011

Transaction ID : 33920018

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Robert E Wooley

Mailing Address 4 Greenview Ct
 P O Box 228

City State Zip Code
 Pana IL 62557-6337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 11 / 2011

Transaction ID : 33920711

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

c. Dr Richard C Orgain

Mailing Address 1277 Hwy 25 W

City State Zip Code
 Gallatin TN 37066-6106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 11 / 2011

Transaction ID : 33920713

Amount of Each Receipt this Period

500.00

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

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

900.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert A Harper

Mailing Address 7462 W Karen Lee Ln

City
Peoria

State
AZ

Zip Code
85382-4828

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 33920715

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Stan M Dickerson

Mailing Address 2508 Shangrila Tr

City
Columbia

State
TN

Zip Code
38401-5801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2011

Transaction ID : 33920719

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Dale L Tosland

Mailing Address 2920 39Th Lane Nw

City
Olympia

State
WA

Zip Code
98502-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 17 / 2011

Transaction ID : 33921592

Amount of Each Receipt this Period

365.00

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

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

865.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Gregory Allen Browning

Mailing Address 1 Fairwood Lane

City State Zip Code
 Ceredo WV 25507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.50

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 17 / 2011

Transaction ID : 33921611

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

B. Dr Mark V Maddox

Mailing Address 808 Sunset Drive

City State Zip Code
 Macon MO 63552-1063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : 33923402

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Dr Scott S Weaver

Mailing Address 50 Doersam Ct

City State Zip Code
 York PA 17406-6916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 14 / 2011

Transaction ID : 33923403

Amount of Each Receipt this Period

250.00

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

445.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Lamont Mark Sprague

Mailing Address 6214 Wyndwood Drive

City

Crystal Lake

State

IL

Zip Code

60014-4757

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 ▼

600.00

Date of Receipt

10 / 13 / 2011

Transaction ID : 33923417

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Rose Marie Betz

Mailing Address 7300 N Bluff Drive

City

Tuscaloosa

State

AL

Zip Code

35406-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

10 / 13 / 2011

Transaction ID : 33923422

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Dorothy L Hitchmoth

Mailing Address Po Box 302

106 Davis Hill Road

City

New London

State

NH

Zip Code

03257-0302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.00

Date of Receipt

10 / 13 / 2011

Transaction ID : 33923424

Amount of Each Receipt this Period

166.00

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

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

516.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jason A Ricks

Mailing Address 108 Agate Drive

City

Lewistown

State

MT

Zip Code

59457-3202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 18 / 2011

Transaction ID : 33923871

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Dr Harue Jean Marsden

Mailing Address 1445 Prospect Avenue Unit D

City

Placentia

State

CA

Zip Code

92870-3816

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 ▼

833.40

Date of Receipt

10 / 18 / 2011

Transaction ID : 33923872

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Dr Michelle A Broderick

Mailing Address 7 Broad Sound Ln

City

Freeport

State

ME

Zip Code

04032-6297

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 ▼

336.00

Date of Receipt

10 / 18 / 2011

Transaction ID : 33923873

Amount of Each Receipt this Period

32.00

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

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

145.34

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Todd M Hamilton

Mailing Address 278 Falmouth Road

City

Windham

State

ME

Zip Code

04062-4815

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 ▼

337.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2011

Transaction ID : 33923874

Amount of Each Receipt this Period

33.00

Full Name (Last, First, Middle Initial)

B. Dr Blaine A Littlefield

Mailing Address 27 Wilderness Drive

City

Freeport

State

ME

Zip Code

04032-5824

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 ▼

337.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2011

Transaction ID : 33923875

Amount of Each Receipt this Period

33.00

Full Name (Last, First, Middle Initial)

C. Dr Alan Joseph Mathieu

Mailing Address P O Box 132

City

Raymond

State

ME

Zip Code

04071-0132

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 ▼

337.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2011

Transaction ID : 33923876

Amount of Each Receipt this Period

33.00

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

99.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Lincoln J Dygert

Mailing Address 7295 S 2050 E

City

Ogden

State

UT

Zip Code

84405-7737

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 18 / 2011

Transaction ID : 33923877

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Melissa S Webb

Mailing Address 5392 River Birch

City

Columbus

State

IN

Zip Code

47201-2743

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

10 / 17 / 2011

Transaction ID : 33923940

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr Mark W Pittaluga

Mailing Address 21902 Lake Forest Cir #206

City

Boca Raton

State

FL

Zip Code

33433-3343

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 ▼

220.00

Date of Receipt

10 / 17 / 2011

Transaction ID : 33923943

Amount of Each Receipt this Period

120.00

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

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

345.00

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Steve Jacobs

Mailing Address 800 Gracelyn Court

City

Blacksburg

State

VA

Zip Code

24060-5132

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

10 / 17 / 2011

Transaction ID : 33923944

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Robert Rush Sandlin

Mailing Address 22710 Village Lane

City

Athens

State

AL

Zip Code

35613-2873

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

10 / 17 / 2011

Transaction ID : 33924889

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Teresa M Rohrs

Mailing Address 1254 State Route 109

City

Malinta

State

OH

Zip Code

43535-9732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 17 / 2011

Transaction ID : 33924892

Amount of Each Receipt this Period

120.00

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

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

620.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr James B Connelly

Mailing Address 3243 Evergreen Road

City

Fargo

State

ND

Zip Code

58102-1214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2011

Transaction ID : 33924893

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Vincent M Young

Mailing Address 1407 Foxboro Ln

City

Blanchard

State

OK

Zip Code

73010-5087

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 17 / 2011

Transaction ID : 33924898

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

c. Dr Lamar G Zigler

Mailing Address 2955 Pickwick Drive

City

Columbus

State

OH

Zip Code

43221-2925

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 17 / 2011

Transaction ID : 33924899

Amount of Each Receipt this Period

500.00

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

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

1125.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Paul Arthur Wagner

Mailing Address 2955 W Elliot Rd, Ste 1

City

State

Zip Code

Chandler

AZ

85224-1620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2011

Transaction ID : 33924900

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Fredric D Kapteyn

Mailing Address 4688 Bloomfield Dr

City

State

Zip Code

Bay City

MI

48706-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2011

Transaction ID : 33924902

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Ty J Miller

Mailing Address 5762 Old Bridge Ave Nw

City

State

Zip Code

Massillon

OH

44646-1110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2011

Transaction ID : 33924905

Amount of Each Receipt this Period

150.00

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

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

350.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Stanley J Monson

Mailing Address 3371 Westover Lane

City

Eau Claire

State

WI

Zip Code

54701-7172

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2011

Transaction ID : 33924906

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Lisa Jane Calaway-Batky

Mailing Address 6931 Currin Drive

City

Dallas

State

TX

Zip Code

75230-3525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2011

Transaction ID : 33924912

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Dr Gerald R Neidigh Jr.

Mailing Address 3030 Middlewood Rd

City

Midlothian

State

VA

Zip Code

23113-2167

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2011

Transaction ID : 33925207

Amount of Each Receipt this Period

125.00

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

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

525.00

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

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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Michael E Hanen-Smith M.S.

Mailing Address 241 Norman Ridge Dr

City

Bloomington

State

MN

Zip Code

55437-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 12 / 2011

Transaction ID : 33925256

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Scott M Burks

Mailing Address P O Box 1351

City

Buffalo

State

MO

Zip Code

65622-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 19 / 2011

Transaction ID : 33927745

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Dr Scott M Pearl

Mailing Address 2245 Nw 142Nd Way

City

Pembroke Pines

State

FL

Zip Code

33028-2862

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

10 / 19 / 2011

Transaction ID : 33927747

Amount of Each Receipt this Period

41.67

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

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

391.67

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mitchell Todd Munson

Mailing Address 9940 S Ashleigh Way

City

Highlands Ranch

State

CO

Zip Code

80126-4244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.10

Date of Receipt

10 / 19 / 2011

Transaction ID : 33927748

Amount of Each Receipt this Period

166.94

Full Name (Last, First, Middle Initial)

B. Dr Susan M Brunnett

Mailing Address 9940 S Ashleigh Way

City

Highlands Ranch

State

CO

Zip Code

80126-4244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.06

Date of Receipt

10 / 19 / 2011

Transaction ID : 33927749

Amount of Each Receipt this Period

83.47

Full Name (Last, First, Middle Initial)

C. Dr Elissa Maria Contillo

Mailing Address 98 Tuckertown Road

City

South Kingstown

State

RI

Zip Code

02879-2703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 19 / 2011

Transaction ID : 33927750

Amount of Each Receipt this Period

100.00

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

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

350.41

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Paul Zerbinopoulos

Mailing Address 22 Carrie Lane

City

North Kingstown

State

RI

Zip Code

02852-4138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

283.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 19 / 2011

Transaction ID : 33927751

Amount of Each Receipt this Period

40.56

Full Name (Last, First, Middle Initial)

B. Dr Pamela J Blodgett

Mailing Address 22 Carrie Lane

City

N Kingstown

State

RI

Zip Code

02852-4138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

283.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 19 / 2011

Transaction ID : 33927752

Amount of Each Receipt this Period

40.56

Full Name (Last, First, Middle Initial)

C. Dr Wanda C Batson

Mailing Address 8120 Rock Hill Rd

City

Baker

State

FL

Zip Code

32531-7337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 19 / 2011

Transaction ID : 33927753

Amount of Each Receipt this Period

266.67

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

347.79

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Michael Bacigalupi

Mailing Address 622 Se 13Th Street

City

Ft Lauderdale

State

FL

Zip Code

33316-2023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 19 / 2011

Transaction ID : 33927754

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Dr Ronald Lee Hopping

Mailing Address 1801 Creekside Dr

City

Friendswood

State

TX

Zip Code

77546-7821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1818.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 19 / 2011

Transaction ID : 33927756

Amount of Each Receipt this Period

181.82

Full Name (Last, First, Middle Initial)

C. Dr Desiree Tyler Hopping

Mailing Address 1801 Creekside Dr

City

Friendswood

State

TX

Zip Code

77546-7821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1818.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 19 / 2011

Transaction ID : 33927757

Amount of Each Receipt this Period

181.82

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

394.06

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

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

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

FOR LINE NUMBER: PAGE 69 OF 142

(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

Full Name (Last, First, Middle Initial)

A. Dr Edward Melman

Mailing Address 425 Barby Lane

City

Cherry Hill

State

NJ

Zip Code

08003-3447

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 18 / 2011

Transaction ID : 33927987

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Paul J Werdell

Mailing Address 49 Hansen Drive

City

Vernon

State

CT

Zip Code

06066-5914

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 18 / 2011

Transaction ID : 33927988

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Jerry Samuel Hardison

Mailing Address 6 Scarsdale Road

City

West Hartford

State

CT

Zip Code

06107-3338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 18 / 2011

Transaction ID : 33927989

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr William Lacey Bryant Jr

Mailing Address 414 College St

City

Sulphur Springs

State

TX

Zip Code

75482-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 17 / 2011

Transaction ID : 33928176

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Kevin L Alexander

Mailing Address 2116 Wildwood Court

City

Fullerton

State

CA

Zip Code

92831-1339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 20 / 2011

Transaction ID : 33930715

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Robert J Parks

Mailing Address 332 Sweet Allen Farm Rd

City

Wakefield

State

RI

Zip Code

02879-1492

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.66

Date of Receipt

10 / 20 / 2011

Transaction ID : 33930718

Amount of Each Receipt this Period

111.11

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

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

411.11

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Wayne Maltz

Mailing Address 10801 Valley Hills

City State Zip Code
Houston TX 77071-1610

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 20 2011

Transaction ID : 33930721

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr James H Sawyer

Mailing Address 387 Greenbriar Road

City State Zip Code
Monticello KY 42633-7320

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 20 2011

Transaction ID : 33930786

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Julie Metzger Aubuchon

Mailing Address 72 Belmont Ct

City State Zip Code
Florence KY 41042-8986

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 20 2011

Transaction ID : 33932791

Amount of Each Receipt this Period

600.00

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

950.00

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

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Michael E Bennett

Mailing Address 4940 Victoria Place

City

Guthrie

State

OK

Zip Code

73044-8668

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 ▼

1666.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2011

Transaction ID : 33933370

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr David S Hays

Mailing Address 8720 52Nd St Ct W

City

University Pl

State

WA

Zip Code

98467-1758

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 ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2011

Transaction ID : 33933372

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

C. Dr Michael R Duenas

Mailing Address 21 Yowago Avenue

City

Branford

State

CT

Zip Code

06405-5521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2011

Transaction ID : 33933374

Amount of Each Receipt this Period

125.00

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

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

375.67

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Donald W Furman

Mailing Address 855 11Th St Place

City

Garner

State

IA

Zip Code

50438-1847

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 ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2011

Transaction ID : 33933375

Amount of Each Receipt this Period

840.00

Full Name (Last, First, Middle Initial)

B. Dr Thomas L Lim

Mailing Address 1136 Thorntree Court

City

San Jose

State

CA

Zip Code

95120-1740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2011

Transaction ID : 33933377

Amount of Each Receipt this Period

416.70

Full Name (Last, First, Middle Initial)

C. Dr Kent Hillery

Mailing Address 16448 Country Club Drive

City

Peosta

State

IA

Zip Code

52068-9710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2011

Transaction ID : 33933590

Amount of Each Receipt this Period

50.00

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

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

175.67

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

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

FOR LINE NUMBER:
(check only one)

PAGE 74 OF 142

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr James R Davis

Mailing Address 2724 Surrey Lane

City

Idaho Falls

State

ID

Zip Code

83404-7143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

10 / 22 / 2011

Transaction ID : 33934185

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Dr Matthew J Maki

Mailing Address 372 Split Rail Ridge

City

Williamston

State

MI

Zip Code

48895-1668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 22 / 2011

Transaction ID : 33934186

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Dr David K Talley

Mailing Address 1698 Brookside Drive

City

Germantown

State

TN

Zip Code

38138-2531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

680.00

Date of Receipt

10 / 22 / 2011

Transaction ID : 33934191

Amount of Each Receipt this Period

85.00

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

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

155.00

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Blaine F Bird

Mailing Address 2001 E 775 S

City
Springville

State
UT

Zip Code
84663-3206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.20

Date of Receipt

10 / 22 / 2011

Transaction ID : 33934192

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Dr Kathleen E Goff

Mailing Address 114 Crested Peak

City

Santa Teresa

State

NM

Zip Code

88008-9423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

863.60

Date of Receipt

10 / 23 / 2011

Transaction ID : 33934255

Amount of Each Receipt this Period

86.36

Full Name (Last, First, Middle Initial)

C. Dr Joseph J Jordan Jr

Mailing Address 224 Laconia Rd

City

Tilton

State

NH

Zip Code

03276-5223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.70

Date of Receipt

10 / 23 / 2011

Transaction ID : 33934256

Amount of Each Receipt this Period

166.67

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

283.45

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Barry J Barresi

Mailing Address 659 Spyglass Summit Drive

City

Chesterfield

State

MO

Zip Code

63017-2142

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 ▼

1666.70

Date of Receipt

10 / 23 / 2011

Transaction ID : 33934257

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Martin H Carroll

Mailing Address 3700 Essex Road

City

Cheyenne

State

WY

Zip Code

82001-1641

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 ▼

1350.00

Date of Receipt

10 / 23 / 2011

Transaction ID : 33934258

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

c. Dr Paul Anton Hodge

Mailing Address 3042 118Th Ave

City

Allegan

State

MI

Zip Code

49010-9555

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

10 / 23 / 2011

Transaction ID : 33934262

Amount of Each Receipt this Period

50.00

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

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

366.67

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

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

FOR LINE NUMBER:
(check only one)

PAGE 77 OF 142

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Chris R Deibert

Mailing Address 8 Johnson Drive

City
Luray

State
VA

Zip Code
22835-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 23 / 2011

Transaction ID : 33934264

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Thomas E Nye

Mailing Address 42 Tabor Lane

City

Hamilton

State

OH

Zip Code

45013-5118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

869.10

Date of Receipt

10 / 23 / 2011

Transaction ID : 33934265

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Teresa M Seim

Mailing Address 75388 Vineyard Way

City

Lawton

State

MI

Zip Code

49065-8609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 24 / 2011

Transaction ID : 33934298

Amount of Each Receipt this Period

42.00

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

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

192.00

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Dennis M Brtva

Mailing Address 57 Pebblebrook Ct

City

Bloomington

State

IL

Zip Code

61705-6300

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 ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2011

Transaction ID : 33934299

Amount of Each Receipt this Period

850.00

Full Name (Last, First, Middle Initial)

B. Dr Dori M Carlson

Mailing Address P O Box 0

City

Park River

State

ND

Zip Code

58270

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 ▼

1672.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2011

Transaction ID : 33934300

Amount of Each Receipt this Period

163.64

Full Name (Last, First, Middle Initial)

C. Dr Steven Thomas Reed

Mailing Address 4550 Simpson Hwy 28 W

City

Magee

State

MS

Zip Code

39111-5187

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2011

Transaction ID : 33934301

Amount of Each Receipt this Period

90.00

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

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

338.64

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

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

FOR LINE NUMBER: PAGE 79 OF 142

(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

Full Name (Last, First, Middle Initial)

A. Dr Peter V Candela

Mailing Address P O Box 614

City

Blythewood

State

SC

Zip Code

29016-0614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2011

Transaction ID : 33934302

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Dr Lars A Gentry

Mailing Address 101 Greenbriar Dr

City

Carmi

State

IL

Zip Code

62821-1510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 21 / 2011

Transaction ID : 33934470

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Michael A Walby

Mailing Address 219 Magnolia Rd

City

Perry

State

FL

Zip Code

32348-6118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 21 / 2011

Transaction ID : 33934472

Amount of Each Receipt this Period

1000.00

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

1333.34

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

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

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

FOR LINE NUMBER: PAGE 80 OF 142

(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

Full Name (Last, First, Middle Initial)

A. Dr Lincoln Joseph Daynes

Mailing Address 2737 Brewer Drive

City

Sierra Vista

State

AZ

Zip Code

85650-6901

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

M M / D D / Y Y Y Y Y
 10 / 21 / 2011

Transaction ID : 33934479

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Scott Alan Bowker

Mailing Address 1618 Northwood Dr

City

Denison

State

IA

Zip Code

51442-1084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 21 / 2011

Transaction ID : 33934480

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr Todd L Metzger

Mailing Address 4906 Meadow Creek Dr

City

Fargo

State

ND

Zip Code

58104-7116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 19 / 2011

Transaction ID : 33934511

Amount of Each Receipt this Period

1000.00

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

1550.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mark M Mastervich

Mailing Address 640 Fernando Dr

City

Harrisburg

State

PA

Zip Code

17111-4904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 19 / 2011

Transaction ID : 33934516

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Alan G Peaslee

Mailing Address 4552 Tillman Bluff Road

City

Valdosta

State

GA

Zip Code

31602-0851

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 ▼

790.00

Date of Receipt

10 / 19 / 2011

Transaction ID : 33934521

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dr Thomas L Dahlby

Mailing Address 3215 Farnam Street

City

La Crosse

State

WI

Zip Code

54601-6166

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 19 / 2011

Transaction ID : 33934524

Amount of Each Receipt this Period

100.00

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

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

830.00

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

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

FOR LINE NUMBER: PAGE 82 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr B. Faye Andrews

Mailing Address 201 Holt Cir

City

Hayden

State

AL

Zip Code

35079-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2011

Transaction ID : 33934526

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Mark James Cinalli

Mailing Address 229 Plantation Drive

City

Mineral Wells

State

WV

Zip Code

26150-9638

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

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2011

Transaction ID : 33934527

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr William D Townsend

Mailing Address 1100 5Th Ave.

City

Canyon

State

TX

Zip Code

79015-3708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2011

Transaction ID : 33934532

Amount of Each Receipt this Period

100.00

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

850.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Janet L Townsend

Mailing Address 1100 5Th Ave.

City

Canyon

State

TX

Zip Code

79015-3708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 19 / 2011

Transaction ID : 33934533

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Diane M Gray

Mailing Address 58 Cloverview Drive

City

Helena

State

MT

Zip Code

59601-0251

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 ▼

325.00

Date of Receipt

10 / 19 / 2011

Transaction ID : 33934534

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr Walter Bruce Coen

Mailing Address 58 Cloverview Dr

City

Helena

State

MT

Zip Code

59601-0251

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 ▼

325.00

Date of Receipt

10 / 19 / 2011

Transaction ID : 33934535

Amount of Each Receipt this Period

125.00

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

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

350.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 84 OF 142

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Donald B Bogue

Mailing Address 217 Trailwood Circle

City
Lufkin

State
TX

Zip Code
75904-4372

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2011

Transaction ID : 33934537

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Joel Zuckerbraun

Mailing Address 54 Rope Ferry Road
No 118

City
Waterford

State
CT

Zip Code
06385-2820

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2011

Transaction ID : 33934540

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Dr J. Scott Simpson

Mailing Address 2001 Ridgewood Ave

City
El Dorado

State
AR

Zip Code
71730-5288

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2011

Transaction ID : 33934545

Amount of Each Receipt this Period

365.00

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

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

740.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 85 OF 142

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Steven Snapp

Mailing Address 310 Tendoy

City

Bellevue

State

ID

Zip Code

83313-5085

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2011

Transaction ID : 33936451

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Robert Bruce Grill

Mailing Address 3359 Willow Way

City

Twin Falls

State

ID

Zip Code

83301-8191

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2011

Transaction ID : 33936452

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Dr James A Davis

Mailing Address 839 16Th Ave East

City

Jerome

State

ID

Zip Code

83338-1504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2011

Transaction ID : 33936453

Amount of Each Receipt this Period

75.00

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

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

275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 86 OF 142
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Steven K Brownmiller

Mailing Address 1004 Ridge Road

City

Denison

State

IA

Zip Code

51442-1124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

Transaction ID : 33936454

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Donald Lester Watson

Mailing Address 118 San Marco Drive

City

Tybee Island

State

GA

Zip Code

31328-9706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

Transaction ID : 33936455

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Shannon C Franklin

Mailing Address 427 Cranberry Lane

City

Crozet

State

VA

Zip Code

22932-3160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

Transaction ID : 33936456

Amount of Each Receipt this Period

50.00

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

225.00

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

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

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

FOR LINE NUMBER: PAGE 87 OF 142

(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

Full Name (Last, First, Middle Initial)

A. Dr Beth A Kneib

Mailing Address 602 Nw 163Rd St

City
Shoreline

State
WA

Zip Code
98177-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2011

Transaction ID : 33936460

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Mario Joseph Contaldi

Mailing Address 7728 Mid-Cities Blvd

City

North Richland Hills

State

TX

Zip Code

76180-4621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.19

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2011

Transaction ID : 33936461

Amount of Each Receipt this Period

90.91

Full Name (Last, First, Middle Initial)

c. Dr Joe Wesley De Loach

Mailing Address 504 Edgelake Drive

City

Dallas

State

TX

Zip Code

75218-2111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

981.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2011

Transaction ID : 33936462

Amount of Each Receipt this Period

109.00

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

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

241.58

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

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

FOR LINE NUMBER: PAGE 88 OF 142

(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

Full Name (Last, First, Middle Initial)

A. Dr John S Bowen

Mailing Address 2570 Northshore Blvd Ste 200

City State Zip Code
 Flower Mound TX 75028-8386

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 25 2011

Transaction ID : 33936463

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. Dr Stacie Layne Virden

Mailing Address 2432 Lake Air Drive

City State Zip Code
 Waco TX 76710-1611

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.19

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 25 2011

Transaction ID : 33936464

Amount of Each Receipt this Period

90.91

Full Name (Last, First, Middle Initial)

C. Dr Mark Turner Wells

Mailing Address 2523 Starlight Ct

City State Zip Code
 Cheyenne WY 82009-9747

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 24 2011

Transaction ID : 33936586

Amount of Each Receipt this Period

250.00

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

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

424.91

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

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Shawn C Sorenson

Mailing Address 1495 S Blue Jay Pl

City
Eagle

State
ID

Zip Code
83616-6335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2011

Transaction ID : 33936590

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Aaron J Warner

Mailing Address 5004 N. High Prairie Pl

City
Star

State
ID

Zip Code
83669-5370

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2011

Transaction ID : 33936591

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Steven L Compton

Mailing Address 880 Turner Ford Road

City
Franklin

State
KY

Zip Code
42134-6903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2011

Transaction ID : 33936594

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Michael J Guilbert

Mailing Address 14 Harrison

City

Deadwood

State

SD

Zip Code

57732-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

470.00

Date of Receipt

10 / 24 / 2011

Transaction ID : 33936595

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Kathy J Mc Kenzie

Mailing Address 525 Kensington

City

Norman

State

OK

Zip Code

73072-4529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 20 / 2011

Transaction ID : 33936655

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr John Howard Muto

Mailing Address 3146 North 24Th Way

City

Boise

State

ID

Zip Code

83702-0610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 20 / 2011

Transaction ID : 33936661

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Michael Howard Moorehead

Mailing Address 1720 Tatum Lane

City

Hamilton

State

OH

Zip Code

45013-5132

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 ▼

240.00

Date of Receipt

10 / 20 / 2011

Transaction ID : 33936662

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

B. Dr Laurie Lyn Sorrenson

Mailing Address 11512 Tin Cup #104

City

Austin

State

TX

Zip Code

78750-2618

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

10 / 20 / 2011

Transaction ID : 33936663

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Hal C Herring Jr

Mailing Address 1523 Alexander Street

City

Fairmont

State

NC

Zip Code

28340-1405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 20 / 2011

Transaction ID : 33936665

Amount of Each Receipt this Period

500.00

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

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

990.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Kurt G Alleman

Mailing Address 1867 Sawyer Way

City State Zip Code
 Elko NV 89801-2670

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 20 2011

Transaction ID : 33936666

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Bridget C Axelson

Mailing Address 1711 Taylor Avenue

City State Zip Code
 Saint Paul MN 55104-1141

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 20 2011

Transaction ID : 33936667

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Dr Bobby J Christensen

Mailing Address 12300 Jaycie Circle

City State Zip Code
 Midwest City OK 73130-8463

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 20 2011

Transaction ID : 33936668

Amount of Each Receipt this Period

1000.00

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

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

1625.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Miriam Stemle Boyd

Mailing Address 1996 E Deerpath Trail

City

Vincennes

State

IN

Zip Code

47591-6815

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

M M / D D / Y Y Y Y Y Y
10 / 20 / 2011

Transaction ID : 33936669

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Roger I Jones

Mailing Address 3256 Shadewood Terrace

City

Owensboro

State

KY

Zip Code

42303-8844

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2011

Transaction ID : 33936672

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr Thomas Edward Dunlap Jr

Mailing Address 809 Lauras Lane
Po Drawer 1249

City

Albemarle

State

NC

Zip Code

28001-3003

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

M M / D D / Y Y Y Y Y Y
10 / 20 / 2011

Transaction ID : 33936680

Amount of Each Receipt this Period

250.00

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

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

500.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr James C Fujisaki

Mailing Address 99-011 Kealakaha Dr

City State Zip Code
 Aiea HI 96701-3544

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 21 2011

Transaction ID : 33936695

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Michael B Levinson

Mailing Address 20 Meadow Dr

City State Zip Code
 Woodmere NY 11598-2219

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 21 2011

Transaction ID : 33936697

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Bruce V Graff

Mailing Address 2000 Desoto
 P O Box 308

City State Zip Code
 Needles CA 92363-3058

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 21 2011

Transaction ID : 33936699

Amount of Each Receipt this Period

125.00

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

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

575.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr David S Mora

Mailing Address 1818 Fremont

City

Laredo

State

TX

Zip Code

78043-2605

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

10 / 21 / 2011

Transaction ID : 33936700

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Ashley K Mc Ferron

Mailing Address 5079 W Sunset Dr

City

Lake Oswego

State

OR

Zip Code

97035-4253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

10 / 25 / 2011

Transaction ID : 33936760

Amount of Each Receipt this Period

416.70

Full Name (Last, First, Middle Initial)

C. Dr Richard L Talkington

Mailing Address 461 Pleasant St

P.O. Box 521

City

Franklin

State

NH

Zip Code

03235-1885

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 ▼

1050.00

Date of Receipt

10 / 26 / 2011

Transaction ID : 33936796

Amount of Each Receipt this Period

100.00

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

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

391.67

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

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Pamela E Theriot

Mailing Address 3 Pebble Hill Road

City	State	Zip Code
N Dewitt	NY	13214

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2011

Transaction ID : 33936797

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Jonathan Toso

Mailing Address 1101 Angel Ln

City	State	Zip Code
Canton	SD	57013-2634

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2011

Transaction ID : 33936798

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Dr D. Cory Rath

Mailing Address 10748 Sprucedale Ave

City	State	Zip Code
Las Vegas	NV	89144-4401

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2011

Transaction ID : 33936800

Amount of Each Receipt this Period

100.00

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

170.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Alison M Burd

Mailing Address 1501 N Pearl Street

City

Carrollton

State

MO

Zip Code

64633-1563

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2011

Transaction ID : 33937319

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

B. Dr Victor J Connors

Mailing Address 7184 Lee Road

City

Lodi

State

WI

Zip Code

53555-9553

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2011

Transaction ID : 33937320

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr David M Wilson

Mailing Address 8504 N Tahoe Dr

City

Muncie

State

IN

Zip Code

47303-9049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2011

Transaction ID : 33937323

Amount of Each Receipt this Period

125.00

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

865.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Kari L Burchett

Mailing Address 1539 Pacific Ct

City

Osawatomie

State

KS

Zip Code

66064-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2011

Transaction ID : 33943682

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Rick L Mc Manus

Mailing Address 5052 164Th Ct Ne

City

Redmond

State

WA

Zip Code

98052-5294

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2011

Transaction ID : 33944201

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Elaine D Happ

Mailing Address 1300 Prairie Creek Lane

City

Monticello

State

MN

Zip Code

55362-9025

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

M M / D D / Y Y Y Y Y Y
10 / 24 / 2011

Transaction ID : 33944216

Amount of Each Receipt this Period

50.00

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

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

1050.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Donna Buraczewski

Mailing Address 901 Main Street

City
Simpson

State
PA

Zip Code
18407-1219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

10 / 24 / 2011

Transaction ID : 33944217

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Robert M Grossmann

Mailing Address 92 Shadow Creek Way

City

Ormond Beach

State

FL

Zip Code

32174-6771

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 24 / 2011

Transaction ID : 33944224

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr James Mathew Hutchins

Mailing Address 101 S Shore Drive

City

Sleepy Eye

State

MN

Zip Code

56085-1038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

10 / 24 / 2011

Transaction ID : 33944230

Amount of Each Receipt this Period

200.00

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

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

690.00

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

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

FOR LINE NUMBER: PAGE 100 OF 142

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Phillip Maroudis

Mailing Address 1810 Creston Place

City	State	Zip Code
Ashland	KY	41101-3619

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2011

Transaction ID : 33944233

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Brian J Hale

Mailing Address 520 Oak Crest Lane

City	State	Zip Code
Hixson	TN	37343-3846

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2011

Transaction ID : 33944237

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

C. Dr Richard A Frio

Mailing Address 7646 Windsor Dr No

City	State	Zip Code
North Syracuse	NY	13212-1017

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2011

Transaction ID : 33944238

Amount of Each Receipt this Period

150.00

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

520.00

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 101 OF 142

(check only one)

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---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Richard A Frio

Mailing Address 7646 Windsor Dr No

City

North Syracuse

State

NY

Zip Code

13212-1017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2011

Transaction ID : 33944239

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Dr Ben P Clark

Mailing Address 53 Ellington Lane

City

Pawleys Island

State

SC

Zip Code

29585-7624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2011

Transaction ID : 33944241

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Kristi M Kading

Mailing Address 355 Merritt Pl Ne

City

North Bend

State

WA

Zip Code

98045-8984

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2011

Transaction ID : 33944242

Amount of Each Receipt this Period

500.00

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

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

1150.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Maryjane Healey

Mailing Address 6710 124Th Place Se

City

Snohomish

State

WA

Zip Code

98296-8649

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2011

Transaction ID : 33944315

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Randall Sakamoto

Mailing Address 1451 Ohialoke St

City

Honolulu

State

HI

Zip Code

96821-1450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2011

Transaction ID : 33944316

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr C. Thomas Crooks III

Mailing Address 1229 Highland Lakes Trail

City

Birmingham

State

AL

Zip Code

35242-6886

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2011

Transaction ID : 33944317

Amount of Each Receipt this Period

50.00

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

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

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 103 OF 142
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Scott Warren Bennion

Mailing Address 26542 235Th Se

City

Maple Valley

State

WA

Zip Code

98038-6707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

Transaction ID : 33945429

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Denis L Mc Donald

Mailing Address 5659 Jonquil Lane

City

Ooltewah

State

TN

Zip Code

37363-5122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

Transaction ID : 33945768

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Larry G Obie

Mailing Address 1330 12Th Ave

City

Havre

State

MT

Zip Code

59501-5401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

Transaction ID : 33951075

Amount of Each Receipt this Period

50.00

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

1050.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Kathryn Dingley Gurney

Mailing Address 1285 Industry Rd

City

State

Zip Code

Industry

ME

04938-4545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33951077

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Kevin L Gee

Mailing Address 9119 Highway 6 #200

City

State

Zip Code

Missouri City

TX

77459-4876

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

909.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33951081

Amount of Each Receipt this Period

90.91

Full Name (Last, First, Middle Initial)

C. Dr Lillian T Kalaczinski

Mailing Address 7421 Treeline Dr Se

City

State

Zip Code

Grand Rapids

MI

49546-7465

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33951082

Amount of Each Receipt this Period

25.00

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

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

165.91

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

Use separate schedule(s)
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Detailed Summary Page

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PAGE 105 OF 142

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr George W Hertneky

Mailing Address 16862 County Road 28

City

Brush

State

CO

Zip Code

80723-9424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33951085

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Sue E Lowe

Mailing Address 1704 Skyline Drive

City

Laramie

State

WY

Zip Code

82070-8932

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 ▼

1666.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33951086

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr Erica V Lukasko

Mailing Address 119 Constitution Dr

City

Lafayette

State

LA

Zip Code

70503-6323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33951087

Amount of Each Receipt this Period

25.00

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

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

241.67

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Ron Benner

Mailing Address 1408 E Maryland

City

Laurel

State

MT

Zip Code

59044-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1666.70

Date of Receipt

10 / 28 / 2011

Transaction ID : 33951088

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Neil W Draisin

Mailing Address 21 Fairway Village Lane

City

Isle Of Palms

State

SC

Zip Code

29451-2732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

10 / 28 / 2011

Transaction ID : 33951089

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Dr Jennifer M Smith

Mailing Address 141 Sea Cotton Cir

City

Charleston

State

SC

Zip Code

29412-8296

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

10 / 28 / 2011

Transaction ID : 33951090

Amount of Each Receipt this Period

41.67

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

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

250.01

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

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

FOR LINE NUMBER: PAGE 107 OF 142

(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

Full Name (Last, First, Middle Initial)

A. Dr Robert G Goerss

Mailing Address 3120 Brookford Drive

City

Saint Charles

State

MO

Zip Code

63303-6356

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2011

Transaction ID : 33951093

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Thomas J Landry

Mailing Address 9 Greenridge Drive

City

Painted Post

State

NY

Zip Code

14870-9388

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2011

Transaction ID : 33951094

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Trevor J Cleveland

Mailing Address 1610 Wilson Court

City

Eugene

State

OR

Zip Code

97402-3361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2011

Transaction ID : 33951095

Amount of Each Receipt this Period

50.00

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

150.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 108 OF 142

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Lanny F Duclos Jr

Mailing Address 3795 Sunvalley

City

Grantsville

State

UT

Zip Code

84029-8512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33951097

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Michele R Haranin

Mailing Address 301 Concord Road

City

Dover

State

DE

Zip Code

19904-9100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33951098

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr William L Ratcliff

Mailing Address 530 10Th Street

City

Huntington

State

WV

Zip Code

25701-2222

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 ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33951099

Amount of Each Receipt this Period

42.00

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

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

142.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Heidi L Schefferly

Mailing Address 4877 W Territorial Rd

City

Rives Junction

State

MI

Zip Code

49277-9639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 28 / 2011

Transaction ID : 33951100

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr A. Dennis Olmstead

Mailing Address 6499 Thorngate Road

City

East Lansing

State

MI

Zip Code

48823-9756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 28 / 2011

Transaction ID : 33951102

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Dr Timothy A Stafford

Mailing Address 1012 Julius Richardson Rd

City

Irmo

State

SC

Zip Code

29063-9740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 28 / 2011

Transaction ID : 33951103

Amount of Each Receipt this Period

500.00

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

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

580.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jan L Cooper

Mailing Address 101 Chandler West

City Highland State CA Zip Code 92346-5482

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

10 / 28 / 2011

Transaction ID : 33951106

Amount of Each Receipt this Period

187.50

Full Name (Last, First, Middle Initial)

B. Dr Peter H Kehoe

Mailing Address 789 N Broad

City Galesburg State IL Zip Code 61401-2766

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

10 / 28 / 2011

Transaction ID : 33951107

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

C. Dr Lynn A Davis

Mailing Address 1424 Tiffany Lane Se

City Rio Rancho State NM Zip Code 87124-0976

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

10 / 28 / 2011

Transaction ID : 33951109

Amount of Each Receipt this Period

83.34

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

445.84

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jeffrey W Jones

Mailing Address 107 Northcastle St

City

Longview

State

TX

Zip Code

75604-3544

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33951111

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Dr Bruce D Krutsinger

Mailing Address 15901 Tahoe Dr

City

Jersey Village

State

TX

Zip Code

77040-1243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33951112

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Dr Thomas A Lucas Jr

Mailing Address 2023 Sandy Point Road

City

Harker Heights

State

TX

Zip Code

76548-8680

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33951113

Amount of Each Receipt this Period

83.34

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

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

250.02

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mark T Mentzer

Mailing Address 2200 Blairs Ferry Crossing

City

Hiawatha

State

IA

Zip Code

52233-7900

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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33951114

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Dr Michael J Veliky

Mailing Address 787 Pony Trail

City

Franklin Lakes

State

NJ

Zip Code

07417-1549

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

M M / D D / Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33951116

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Hilaire A Pressley

Mailing Address Pmb 443

8635 W Sahara Avenue

City

Las Vegas

State

NV

Zip Code

89117-5858

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33951117

Amount of Each Receipt this Period

60.00

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

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

140.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr John L Walters

Mailing Address 47 Mast Hill Road

City

State

Zip Code

Saco

ME

04072-9338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

728.55

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33951118

Amount of Each Receipt this Period

135.71

Full Name (Last, First, Middle Initial)

B. Dr Christopher L Eddy

Mailing Address 6306 Buchanan St

City

State

Zip Code

Fort Collins

CO

80525-5810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33951119

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr David A Wolf

Mailing Address 6129 Churchill Downs Dr

City

State

Zip Code

West Linn

OR

97068-2535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33951120

Amount of Each Receipt this Period

250.00

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

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

435.71

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Andrea P Thau

Mailing Address 145 East 84Th St Apt 11A

City
New York

State
NY

Zip Code
10028-2058

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33951121

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Donald J Higgins

Mailing Address 5 Belgravia Terrace

City
Farmington

State
CT

Zip Code
06032-1550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33951122

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Diane E Reddin

Mailing Address P O Box 66

City
Crawford

State
CO

Zip Code
81415-0066

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33951126

Amount of Each Receipt this Period

250.00

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

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

916.67

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Douglas C Morrow

Mailing Address 903 Midway Dr

City

Auburn

State

IN

Zip Code

46706-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 28 / 2011

Transaction ID : 33951128

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Ron C Faircloth

Mailing Address 2741 Minnie-Hall Road

City

Autryville

State

NC

Zip Code

28318-8677

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 28 / 2011

Transaction ID : 33951129

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Dr Douglas J Walker

Mailing Address P O Box 988

City

Brookings

State

OR

Zip Code

97415-0021

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

10 / 28 / 2011

Transaction ID : 33951132

Amount of Each Receipt this Period

25.00

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

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

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 116 OF 142
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr David K Masindas

Mailing Address 6695 South Old Mill Circle

City	State	Zip Code
Salt Lake City	UT	84121-6919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

Transaction ID : 33952015

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Robert J Moses

Mailing Address 413 Wessex Road

City	State	Zip Code
Valparaiso	IN	46385-7716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

Transaction ID : 33952048

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr G. William Doolin Jr

Mailing Address 1502 Bentley Circle

City	State	Zip Code
Ft Walton Bch	FL	32547-4990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2011

Transaction ID : 33952141

Amount of Each Receipt this Period

365.00

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

1730.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Sandra J Maley

Mailing Address 1969 Robinson Rd

City

Tomahawk

State

WI

Zip Code

54487-9327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 26 / 2011

Transaction ID : 33952168

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Robert J Esposito

Mailing Address 2902 W Espartero Way

City

Phoenix

State

AZ

Zip Code

85086-4203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

10 / 26 / 2011

Transaction ID : 33952170

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Dr Jon Robert Bausback

Mailing Address 2910 Oriole Trail

City

Long Beach

State

IN

Zip Code

46360-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 31 / 2011

Transaction ID : 33954437

Amount of Each Receipt this Period

100.00

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

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

350.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jay V Gallinger

Mailing Address 160 Firgrove

City
Vader

State
WA

Zip Code
98593-9706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2011

Transaction ID : 33954447

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Donald E Stover

Mailing Address 2558 W White Chapel Way

City

Porterville

State

CA

Zip Code

93257-6926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2011

Transaction ID : 33954449

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Harvey W Sturdevant

Mailing Address 1307 Prince Creek Ct

City

Katy

State

TX

Zip Code

77450-4924

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2011

Transaction ID : 33954450

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert Edward Edge

Mailing Address 124 Vine Ave

City

Jackson

State

AL

Zip Code

36545-3020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2011

Transaction ID : 33954451

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr David J Vinci

Mailing Address 1900 North James St

City

Rome

State

NY

Zip Code

13440-2422

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 ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33954473

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dr Brian E Bleiler

Mailing Address 1875 Pertl Road

City

Odessa

State

NY

Zip Code

14869-9732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33954474

Amount of Each Receipt this Period

250.00

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

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

865.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Sarah W Yoest

Mailing Address 98 S Grove

City

Westerville

State

OH

Zip Code

43081-2007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 28 / 2011

Transaction ID : 33954476

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Dr Dwight L Avery

Mailing Address 138 Pine Trail

City

London

State

KY

Zip Code

40744-9426

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 28 / 2011

Transaction ID : 33954490

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Amy E Bishop

Mailing Address P. O. Box 256

City

Childress

State

TX

Zip Code

79201-0256

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

10 / 28 / 2011

Transaction ID : 33954491

Amount of Each Receipt this Period

125.00

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

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

525.00

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

Use separate schedule(s)
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Sarah K Storrs

Mailing Address 302 N Benton St
P O Box 1056

City State Zip Code
Kittitas WA 98934-1056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33954492

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Gerald D Furnari

Mailing Address 948 North Krome Avenue

City State Zip Code
Homestead FL 33030-4409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33954494

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Dr Mark K Colip

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33954496

Amount of Each Receipt this Period

500.00

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

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

1230.00

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

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

FOR LINE NUMBER: PAGE 122 OF 142

(check only one)

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---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mark Alan Arneson

Mailing Address 5131 South Bristolwood Lane

City	State	Zip Code
Lincoln	NE	68516-1688

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

Transaction ID : 33954499

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Dr Jeremy D Baumfalk

Mailing Address 8201 Russwood Circle

City	State	Zip Code
Lincoln	NE	68505-2737

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

Transaction ID : 33954502

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

c. Dr Bradley J. Blumenstock

Mailing Address 404 E Tipperary

City	State	Zip Code
Oneill	NE	68763-1154

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

Transaction ID : 33954504

Amount of Each Receipt this Period

100.00

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

184.00

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 123 OF 142

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Brian D Brightman

Mailing Address 14000 Brush Creek Pl

City	State	Zip Code
Roca	NE	68430-4403

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

Transaction ID : 33954505

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Richard Kent Bungler

Mailing Address 4169 Springview Dr

City	State	Zip Code
Grand Island	NE	68803-6507

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

Transaction ID : 33954508

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Dr John W Crotty

Mailing Address 725 16Th Street

City	State	Zip Code
Auburn	NE	68305-2204

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

Transaction ID : 33954510

Amount of Each Receipt this Period

400.00

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

560.00

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 124 OF 142

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Karen Ann Culbertson

Mailing Address 1204 N 128 Circle

City

Omaha

State

NE

Zip Code

68154-1286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

234.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2011

Transaction ID : 33954511

Amount of Each Receipt this Period

64.00

Full Name (Last, First, Middle Initial)

B. Dr James W Devine

Mailing Address 8600 Martell Road

City

Hickman

State

NE

Zip Code

68372-9789

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

366.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2011

Transaction ID : 33954512

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Janet Rose Fett

Mailing Address 517 So Ridge Dr

City

S Sioux City

State

NE

Zip Code

68776

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2011

Transaction ID : 33954514

Amount of Each Receipt this Period

102.00

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

266.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Gary D Finn

Mailing Address 1819 N 115Th Plaza #3202

City State Zip Code
 Omaha NE 68154-4638

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 28 2011

Transaction ID : 33954516

Amount of Each Receipt this Period

72.00

Full Name (Last, First, Middle Initial)

B. Dr Teri Geist

Mailing Address 15620 Grant Circle

City State Zip Code
 Omaha NE 68116-2416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 28 2011

Transaction ID : 33954519

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

c. Dr Philip L Gildersleeve

Mailing Address Rural Route 1

City State Zip Code
 Oneill NE 68763-9801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.66

Date of Receipt

M M / D D / Y Y Y Y Y
 10 28 2011

Transaction ID : 33954520

Amount of Each Receipt this Period

100.00

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

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

372.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr John G Goertz

Mailing Address 15609 Grant Circle

City

Omaha

State

NE

Zip Code

68116-2417

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 ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33954521

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Brian Donald Hinkley

Mailing Address 5430 Sawgrass Drive

City

Lincoln

State

NE

Zip Code

68526-9625

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 ▼

366.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33954526

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Mandy J Johnson

Mailing Address 1204 E 65Th St Pl

City

Kearney

State

NE

Zip Code

68847-1562

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 ▼

254.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33954528

Amount of Each Receipt this Period

54.00

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

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

354.00

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Walter C Mc Cormick

Mailing Address 924 Tibbals

City

Holdrege

State

NE

Zip Code

68949-1653

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 ▼

204.67

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33954538

Amount of Each Receipt this Period

68.67

Full Name (Last, First, Middle Initial)

B. Dr David S Michaels

Mailing Address 10655 Ridgemont Circle

City

Omaha

State

NE

Zip Code

68136-4029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33954541

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Dr Todd David Pfeil

Mailing Address 8900 Truchard Road

City

Lincoln

State

NE

Zip Code

68526-9720

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 ▼

366.66

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33954546

Amount of Each Receipt this Period

100.00

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

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

468.67

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Richard L Powell

Mailing Address 820 Manchester Circle

City

Lincoln

State

NE

Zip Code

68528-1043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

366.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2011

Transaction ID : 33954547

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Scott C Reins

Mailing Address 6500 Vanderslice Ln

City

Lincoln

State

NE

Zip Code

68516-9247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

366.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2011

Transaction ID : 33954549

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Paul L Salansky Jr

Mailing Address 2521 Whitaker Rd

City

Nebraska City

State

NE

Zip Code

68410-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

366.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2011

Transaction ID : 33954550

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Steven P Sandman

Mailing Address 1806 Wildwood Cir

City

Beatrice

State

NE

Zip Code

68310-5149

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

366.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33954551

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Joseph Leon Shetler

Mailing Address 136 N Pine Street

City

Gordon

State

NE

Zip Code

69343-1532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

234.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33954552

Amount of Each Receipt this Period

64.00

Full Name (Last, First, Middle Initial)

C. Dr Robert P Todd

Mailing Address 5425 N 166Th St

City

Omaha

State

NE

Zip Code

68116-3705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33954554

Amount of Each Receipt this Period

72.00

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

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

236.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mark A Toelle

Mailing Address 16258 Craig Ave

City

Bennington

State

NE

Zip Code

68007-1885

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 28 / 2011

Transaction ID : 33954555

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Kimberly J Tucker

Mailing Address 2710 Woodscrest Ave

City

Lincoln

State

NE

Zip Code

68502-4059

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 ▼

366.67

Date of Receipt

10 / 28 / 2011

Transaction ID : 33954556

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Theodore Raymon Vorhies

Mailing Address 2941 Jackson Dr

City

Lincoln

State

NE

Zip Code

68502-5037

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 ▼

210.00

Date of Receipt

10 / 28 / 2011

Transaction ID : 33954560

Amount of Each Receipt this Period

42.00

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

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

242.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 131 OF 142

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Ellen L Weiss

Mailing Address 13603 Pflug Rd

City

Springfield

State

NE

Zip Code

68059-4838

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33954561

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr Christopher S Wolfe

Mailing Address 6515 S 157Th St

City

Omaha

State

NE

Zip Code

68135-5314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33954566

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr Steven S Wolfe

Mailing Address 15324 Weber St

City

Bennington

State

NE

Zip Code

68007-1407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : 33954567

Amount of Each Receipt this Period

200.00

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

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

700.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Darren J Wright

Mailing Address 1702 M Street

City

Auburn

State

NE

Zip Code

68305-2146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.28

Date of Receipt

10 / 28 / 2011

Transaction ID : 33954568

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Dr Richard Dean Gurley

Mailing Address 800 South Promised Land Road

City

Blytheville

State

AR

Zip Code

72315-7746

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2011

Transaction ID : 33955653

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr John Allen Godfrey

Mailing Address 328 Manor Road

City

Harleysville

State

PA

Zip Code

19438-1954

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2011

Transaction ID : 33955654

Amount of Each Receipt this Period

500.00

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

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

825.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 133 OF 142

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Sidney J Stern

Mailing Address 2013 Fisher Island Dr

City

Miami Beach

State

FL

Zip Code

33109-0023

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

M M / D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : 33955659

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Thomas A Lutz

Mailing Address 1548 Fountain Drive

City

Lawrence

State

KS

Zip Code

66047-9306

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : 33956453

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

C. Dr William P Beeaker

Mailing Address 461 Upper St

City

Turner

State

ME

Zip Code

04282-3805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : 33956454

Amount of Each Receipt this Period

400.00

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

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

875.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 134 OF 142

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Marimel S Tilley

Mailing Address 2475 Churchill Drive

City

Bossier City

State

LA

Zip Code

71111-5559

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

10 / 31 / 2011

Transaction ID : 33956460

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr J. Eric Paulsen

Mailing Address 1801 Memorial Dr

City

Sturgeon Bay

State

WI

Zip Code

54235-1064

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 ▼

1500.00

Date of Receipt

10 / 31 / 2011

Transaction ID : 33956461

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Steven P Lary

Mailing Address 17 Victoria Road

City

Camden

State

ME

Zip Code

04843-4319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 31 / 2011

Transaction ID : 33956462

Amount of Each Receipt this Period

200.00

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

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

825.00

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

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

FOR LINE NUMBER: PAGE 135 OF 142

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2011			

Transaction ID : 33956470

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

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

250.00

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

76182.34

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

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

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City

St. Louis

State

MO

Zip Code

63179

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

247.43

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : 33955841

Amount of Each Receipt this Period

30.85

Bank Interest

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

30.85

30.85

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 137 OF 142

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Visa/MC Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2011
Transaction ID : 33956296

Amount of Each Disbursement this Period

1497.93

Visa/MC Fees

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
American Express Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2011
Transaction ID : 33956407

Amount of Each Disbursement this Period

308.85

American Express Fees

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Bank Fee

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2011
Transaction ID : 33956409

Amount of Each Disbursement this Period

71.66

Bank Fee

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

1878.44

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

American Optometric Association Political Action Committee

A. Wachovia Federal

Mailing Address 1650 Tyson Blvd.

City	State	Zip Code
McLean	VA	22102

Purpose of Disbursement	Bank Fee

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Three 7-segment displays are shown, each with a label above it: 'M M' for the first, 'D D' for the second, and 'Y Y Y Y' for the third. The first display shows '10', the second shows '12', and the third shows '2011'. They are separated by forward slashes.

Transaction ID : 33956437

Amount of Each Disbursement this Period

806.23

Bank Fee

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

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

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

806.23

2684.67

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 139 OF 142

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hall For Congress Committee (Ralph Hall - Rockwall)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2011

Mailing Address Post Office Box 711

City	State	Zip Code
Rockwall	TX	75087

Purpose of Disbursement
Candidate Contribution

011

Transaction ID : 33825821

Amount of Each Disbursement this Period

500.00

Candidate Name

Rep. Ralph M. HallCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 04

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Hall For Congress Committee (Ralph Hall - Rockwall)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2011

Mailing Address Post Office Box 711

City	State	Zip Code
Rockwall	TX	75087

Purpose of Disbursement
Candidate Contribution

011

Transaction ID : 33825822

Amount of Each Disbursement this Period

500.00

Candidate Name

Rep. Ralph M. HallCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 04

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Michael Burgess For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2011

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement

011

Transaction ID : 33856647

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. Michael C. Burgess M.D.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 26

2000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 140 OF 142

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pallone For Congress

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Frank Pallone Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2011

Transaction ID : 33856649

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. TOMPAC - To Overcome The Majority PAC

Mailing Address P O Box 752

City	State	Zip Code
Des Moines	IA	50303

Purpose of Disbursement
Committee Contribution

Candidate Name

TOMPAC - To Overcome The Majority PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2011

Transaction ID : 33865504

Amount of Each Disbursement this Period

2500.00

Committee Contribution

Full Name (Last, First, Middle Initial)

C. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City	State	Zip Code
Fremont	CA	94537

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Fortney Peter StarkOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2011

Transaction ID : 33873018

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 141 OF 142

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hal Rogers For Congress

Mailing Address P.O. Box 1214

City	State	Zip Code
Somerset	KY	42502

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Harold Dallas RogersCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2011

Transaction ID : 33934334

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Welch For Congress

Mailing Address PO Box 1682

City	State	Zip Code
Burlington	VT	05402

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Peter WelchCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: VT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2011

Transaction ID : 33934335

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Chris Murphy

Mailing Address PO Box 127

City	State	Zip Code
Cheshire	CT	06410

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Mr. Christopher MurphyCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2011

Transaction ID : 33944176

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

6500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of John Barrow

Mailing Address PO Box 8166

City	State	Zip Code
Savannah	GA	31412

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. John BarrowOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Transaction ID : 33954413

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Tim Walz For Us Congress

Mailing Address PO Box 938

City	State	Zip Code
Mankato	MN	56002

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Timothy J. WalzOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Transaction ID : 33954414

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Chambliss For Senate

Mailing Address Post Office Box 12469

City	State	Zip Code
Atlanta	GA	30355

Purpose of Disbursement
Candidate Contribution

Candidate Name

Sen. Saxby ChamblissOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Transaction ID : 33954415

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

3000.00

16000.00
