09/19/2011 14:12

Image# 11932434455

# **FORM 3X**

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

	For Other Than An Auth	norized Committee	Office Use	Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT ₩	Example:If typing, type over the lines		]
American Optometric Assoc	ciation Political Action Committee			
ADDRESS (number and street)	1505 Prince Street			
Check if different	Suite 300			
than previously reported. (ACC)	Alexandria		VA 223	14 – 📗 –
2. FEC IDENTIFICATION NUI	MBER ♥ CIT	YA	STATE A ZI	PCODE 🛕
C00024968		THIS EPORT X NEW (N) OF	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	Report	20 (M2) May 20 (M	5) Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On: Mar	20 (M3) Jun 20 (M6	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		20 (M4) Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report(0	(c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report(0	PRE-Election Report for the:	Convention (12C)	Special (12G)	_
Quarterly Report(C	Q3)			
January 31 Quarterly Report(\	YE) Election	n on		the state of
July 31 Mid-Year Report(Non-election Year Only) (MY)	on (d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	rt   Report for the.	n on		n the state of
5. Covering Period 0	8 01 2011	through 0.8	31 2011	
I certify that I have examined this	Report and to the best of my kno	wledge and belief it is true, corre	ect and complete.	
Type or Print Name of Treasurer	Thomas E. Nye, O.D.			
Signature of Treasurer Electron	onically Filed by Thomas E. Ny	e, O.D.	Date 0 9 1 9	2011
NOTE : Submission of false, erro	oneous, or incomplete information	may subject the person signing	this Report to the penalties of	2 U.S.C 437g.
Office Use				FORM 3X 12/2004)

FE6AN026

FEC Form 3X (Rev. 02/2003)

## SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS Page 2

Write or Type Committee Name American Optometric Association Political Action Committee

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1  2011 Y Y Y		393463.33
	(b) Cash on Hand at Begining of Reporting Period	505029.84	
	(c) Total Receipts (from Line 19)	82750.19	578624.18
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	587780.03	972087.51
	Total Disbursements (from Line 31)	36302.75	420610.23
•	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	551477.28	551477.28
•	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	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

м м 0 1 м°м 8 0 3 1 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 53096.29 387743.58 (i) Itemized (use Schedule A) ...... 29623.85 186403.64 (ii) Unitemized ..... (iii) TOTAL (add 82720.14 574147.22 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 82720.14 574147.22 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 4000.00 Political Committees ..... 17. Other Federal Receipts 30.05 476.96 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 82750.19 578624.18 12, 13, 14, 15, 16, 17, and 18(c)) ...... 20. Total Federal Receipts 82750.19 578624.18 (subtract Line 18(c) from Line 19) .....

FE6AN026

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Shared Federal/Non-Federal		Calonida Four to Bute
(a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	1802.75	17485.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	1802.75	17485.23
Transfers to Affiliated/Other Party     Committees	0.00	0.00
Contributions to     Federal Candidates/Committees     and Other Political Committees	22500.00	391000.00
4. Independent Expenditure		
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
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	0.00	125.00
(add Lines 28(a), (b), and (c))		
9. Other Disbursements	12000.00	12000.00
Federal Election Activity (2 U.S.C 431(20))     (a) Shared Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	36302.75	420610.23
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	36302.75	420610.23
	3030E.70	720010.20

### **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)	82720.14	574147.22
34.	Total Contribution Refunds (from Line 28(d))	0.00	125.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	82720.14	574022.22
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1802.75	17485.23
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1802.75	17485.23

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Optometric Association Political	tical Action (	Committee	
Full Name (Last, First, Middle Initial) Dr Kent G Yount			Date of Receipt
Mailing Address 9063 S Arrowgrass Wa	ay		0 8 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33621490
Highlands Ranch	CO	80126-2640	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation		7
		Optometry	_
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1
		0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial) Dr Steven D Koch			Date of Receipt
Mailing Address 1204 Madison			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33621564
Wenatchee	WA	98801-1937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n i Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Teresa A Gossard			Date of Receipt
Mailing Address 6323 Grand Vista Aver	nue		08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33621565
Cincinnati	OH	45213-1115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Eye Care Associates of Gr- eater Cincinn	Occupation Doctor of	n f Optometry	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional)			2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Reports a	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17  In for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Optometric Association	g the name and address of any political committee to a Political Action Committee	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Jordi S Jones Mailing Address 315 Equestrian Ru	ın	Date of Receipt
City	State Zip Code	0 8 0 1 2 0 1 1 Transaction ID: 33621569
Hartsville	SC 29550-8040	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Keith A Jones		Date of Receipt
Mailing Address 315 Equestrian Ru	ın	08 / 01 / Y Y Y Y
City	State Zip Code	Transaction ID: 33621570
<u>Hartsville</u>	SC 29550-8040	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Phillip B Tickner		Date of Receipt
Mailing Address 109 Anderson Circ	lle	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Trussville</u>	State Zip Code AL 35173-1001	Transaction ID: 33621571  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	980.00

## SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 96 (check only one)    X   11a
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	olitical Action	Committee	
	Full Name (Last, First, Middle Initial) Dr Jeremy T Nett			Date of Receipt
	Mailing Address 4033 Wills Rd			08 02 2011
	City	State	Zip Code	Transaction ID: 33621665
	Cheyenne	WY	82001-1875	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:    Primary   General	Aggregate	e Year-to-Date ▼	
	Other (specify)		365.00	
_	Full Name (Last, First, Middle Initial) Dr Kathleen E Powell			Date of Receipt
	Mailing Address 9710 Copper Drive			08 03 YYYY 2011
	City	State	Zip Code	Transaction ID: 33621812
	Anchorage	AK	99507-1226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	_ ' '	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	680.00	
	Full Name (Last, First, Middle Initial) Dr Dirk Michael Beyer			Date of Receipt
	Mailing Address 709 South 5Th St			08 03 2011
	City	State	Zip Code	Transaction ID: 33621814
	<u>Hamilton</u>	MT	59840-2755	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		144.29
	Name of Employer Self Employed		f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 632.87	
Г	SUBTOTAL of Receipts This Page (optional)			594.29

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association Polit	tical Action (	Committee	
Full Name (Last, First, Middle Initial)			
Dr Robert L Owens, II  Mailing Address 8 Century Lane			Date of Receipt
City	State	Zip Code	08 03 2011
Newmanstown	PA	17073-8982	Transaction ID: 33621815  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	17070 0002	50.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	1
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr Philip J. Gross	<u> </u>		Date of Receipt
Mailing Address 46 Wintergreen Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33621816
<u>Magnolia</u>	DE	19962-1474	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation Doctor of	n i Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Robert L Jarrell, III			Date of Receipt
Mailing Address 50 Cedar Hill Rd			0 8 0 3 2 0 1 1
City	State	Zip Code	Transaction ID: 33621817
Albuquerque	NM	87122-1928	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		285.72
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	. •	Year-to-Date ▼ 1142.88	
			385.72

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 96 (check only one)    X
	ny information copied from such Reports and street or commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Polements	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Dr Paul C Ajamian Mailing Address 245 Shadowbrook Dri			Date of Receipt  0 8 0 4 2 0 1 1
	City	State GA	Zip Code	Transaction ID: 33628399
	Roswell  FEC ID number of contributing federal political committee.	C	30075-4600	Amount of Each Receipt this Period  250.00
	Name of Employer Self Employed  Receipt For:  □ Primary □ General □ Other (specify) ▼		f Optometry  Year-to-Date  ▼  750.00	
_ 3.	Full Name (Last, First, Middle Initial) Dr Robert J Fleckenstein  Mailing Address 1830 Rebel Ridge			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: 33628400
	Anchorage	AK	99504-2900	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Self Employed		f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 680.00	
 :.	Full Name (Last, First, Middle Initial) Dr Harvey B Richman, FAAO  Mailing Address 136 Main Street			Date of Receipt  0 8 0 4 2 0 1 1
	City	State	Zip Code	Transaction ID: 33628403
	Manasquan	NJ	08736-3558	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Self Employed	<del>, '</del>	f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 333.36	
	SUBTOTAL of Receipts This Page (optional) .			376.67

or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person	( )) ( ) ( ) ( ) ( )
American Optometric Association P	**	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Julie A Toon Mailing Address 2204 Longwood Cir City Wichita FEC ID number of contributing	State Zip Code KS 67226-1157	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify)	Occupation Doctor of Optometry  Aggregate Year-to-Date   450.00	
Full Name (Last, First, Middle Initial) Dr Arnold Milton Stokol  Mailing Address 6810 Blue Mesa  City	State Zip Code	Date of Receipt    M M
Dallas  FEC ID number of contributing federal political committee.	TX 75252-6102  C Occupation	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Doctor of Optometry  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr Richard L Foss Mailing Address W5224 Knobloch Ro	pad	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City La Crosse	State Zip Code WI 54601-2461	Transaction ID: 33628436  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>	550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 96 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and	Statements may	, ,	on for the purpose of soliciting contributions
Any information copied from such Reports and or for commercial purposes, other than using the	he name and add	dress of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association Po	olitical Action (	Committee	
American Optometric Association 1 c	Diffical Action V	Sommittee	
Full Name (Last, First, Middle Initial) Dr Alan Kyle Bugg			Date of Receipt
Mailing Address 1022 S Miles Avenue	)		08 01 2011
City	State	Zip Code	Transaction ID: 33628437
Union City	TN	38261-5432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation		
		Optometry	_
Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	_
Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr Lisa L Knapp			Date of Receipt
Mailing Address 341 So G Street			0 8 0 1 2 0 1 1
City	State	Zip Code	Transaction ID: 33628444
<u>Oxnard</u>	CA	93030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Thomas E Holden	<b>I</b>		Date of Receipt
Mailing Address 341 South G Street			08 01 YYYY 08 01 2011
City	State	Zip Code	Transaction ID: 33628445
Oxnard	CA	93030-5219	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n i Optometry	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Poli	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Debra Lee Stoenner  Mailing Address Box 8  City Hayden Lake  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify)		Zip Code 83835-0008 In f Optometry e Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Dr Samuel D Pierce  Mailing Address 2679 Vesclub Circle  City Vestavia  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)		Zip Code 35216-1356  n f Optometry Year-to-Date ▼ 1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 33628452  Amount of Each Receipt this Period  500.00
_ C.	Full Name (Last, First, Middle Initial) Dr William E Lee  Mailing Address 1711 Se Hampden Ro  City  Bartlesville  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State OK  C  Occupation Doctor of	Zip Code 74006-7315  n f Optometry Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 33628453  Amount of Each Receipt this Period  250.00
	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		<u> </u>	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Benorts are	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 14 / 96 (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Optometric Association F	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brad F Wells		Date of Receipt
Mailing Address 110 E Norman PI		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33628454
Broken Arrow	OK 74012-1941	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Brian E Linde		Date of Receipt
Mailing Address 4518 Hiline		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Billings	State Zip Code MT 59106-4703	Transaction ID: 33628456  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr Casey M Roelfs		Date of Receipt
Mailing Address 1254 Noble Hills		08 05 YYYYY Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33629689
Boone	IA 50036-7569	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.42
Name of Employer Self Employed	Occupation Doctor of Optometry	]
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 243.36	
SUBTOTAL of Receipts This Page (optional	I)	1030.42

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 96 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association	nd Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr David Edward Magnus  Mailing Address P O Box 2144  City	State Zip Code	Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
Corrales  FEC ID number of contributing federal political committee.	NM 87048-2144	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   400.00	]
Full Name (Last, First, Middle Initial) Dr Jeffrey J Neighbors Mailing Address 119 S Cadwell		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33629693
Eagle Grove	IA 50533-2121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Clarke D Newman	<b>'</b>	Date of Receipt
Mailing Address 7700 Greenway Blv	vd A-4	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 33629694
Dallas  FEC ID number of contributing federal political committee.	TX 75209-7324	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional	al)	400.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
	American Optometric Association Pol	itical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Lisa S Howard			Date of Receipt
	Mailing Address 147 Glenstone Circle  City	State	Zip Code	0 8 0 4 2 0 1 1 Transaction ID: 33629732
	Harrogate	TN	37752-3740	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Dr Dennis W Rabe Mailing Address 17 Shady Ln	1		Date of Receipt
	Mailing Address 17 Shady Life			08 04 2011
	City	State	Zip Code	Transaction ID: 33629734
	<u>Auburn</u>	IL	62615-9460	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	]
С.	Full Name (Last, First, Middle Initial) Dr Micah S Mills			Date of Receipt
	Mailing Address 15618 Montrose Way			08 04 2011
	City	State	Zip Code	Transaction ID: 33629736
	Caldwell  FEC ID number of contributing federal political committee.	C	83607-5419	Amount of Each Receipt this Period  500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	<del>, '</del>	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			1750.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Thomas P Sutton		Date of Receipt
Mailing Address 5679 Sonnet Hts		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33629738
Colorado Spgs	CO 80918-8114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Michael J Mc Kinney	<b>L</b>	Date of Receipt
Mailing Address 1416 Kitsap Lake	Road	M M / D D / Y Y Y Y Y Y O 1 1 1
City	State Zip Code	Transaction ID: 33629739
Bremerton	WA 98312-8819	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Horace E Deal		Date of Receipt
Mailing Address 6 Lester Rd		08 04 2011
City	State Zip Code	Transaction ID: 33629741
Statesboro	GA 30458-4786	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 96 (check only one)    X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	
American Optometric Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Frederick P Darin		Date of Receipt
Mailing Address 405 Tirrell Rd	State 7in Code	08 06 2011
City Charlotte	State Zip Code MI 48813-2131	Transaction ID: 33636023  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr Keith A Schrunk		Date of Receipt
Mailing Address 2063 Rock Branch	Road	0 8 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33636024
Anthon  FEC ID number of contributing federal political committee.	IA 51004-8150	Amount of Each Receipt this Period  30.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) Dr Christopher J Colburn		Date of Receipt
Mailing Address 30 Winchester Rd		08 06 2011
City Lakewood	State Zip Code NY 14750-1734	Transaction ID: 33636026
FEC ID number of contributing federal political committee.	NY 14750-1734	Amount of Each Receipt this Period  83.34
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	
SUBTOTAL of Receipts This Page (options	al)	163.34

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	fo	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 19 / 96 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not the name and address	pe sold or used by any perso of any political committee to	13 14 15 16 on for the purpose of soliciting contributions o solicit contributions from such committee.
American Optometric Association F	Political Action Com	mittee	
Full Name (Last, First, Middle Initial) Dr Lowell C Ware			Date of Receipt
Mailing Address 131 Moon Road			08 07 7 2011
City	State	Zip Code	Transaction ID: 33636057
Smiths Grove	KY	42171-9406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of Opt	ometry	7
Receipt For:	Aggregate Year	·	-
Primary General Other (specify) ▼	Aggiogato Foat	365.00	
Full Name (Last, First, Middle Initial) Dr Jacqueline M Bowen			Date of Receipt
Mailing Address 3930 W 19Th St Ln			0 8 0 8 2 0 1 1
City	State	Zip Code	Transaction ID: 33641153
Greeley	CO	80634-3446	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation Doctor of Opt	ometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr Adam P Parker			Date of Receipt
Mailing Address 10800 Rimber Cte			08 08 2011
City	State	Zip Code	Transaction ID: 33641155
Glen Allen	VA	23060	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Self Employed	Occupation Doctor of Opt	ometry	7
Receipt For:	Aggregate Year		
Primary General Other (specify) ▼		240.00	
SUBTOTAL of Receipts This Page (optional	<b>I</b> I)		445.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 96 (check only one)    X
or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Rebecca H Wartman		Date of Receipt
Mailing Address 46 Lambeth Walk  City	State Zip Code	0 8 0 8 2 0 1 1 Transaction ID: 33641157
<u>Fairview</u>	NC 28730-7721	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	
Full Name (Last, First, Middle Initial) Dr Robert P Nyre		Date of Receipt
Mailing Address 2505 10Th Ave Nw		08 08 7 2011
City	State Zip Code	Transaction ID: 33641159
Minot	ND 58703-1754	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial) Dr John H Mc Dougall		Date of Receipt
Mailing Address 2445 Broadway Stree		08 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33641677
Quincy	IL 62301-3257	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		490.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 96 (check only one)  X 11a 11b 11c 12
	Statements may not be sold or used by any pers ne name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Stephen E Gustafson		Date of Receipt
Mailing Address 3810 Pear Glen Ct  City	State Zip Code	0 8 0 4 2 0 1 1 Transaction ID: 33641689
Kingwood	TX 77345-1251	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Gary L Williams		Date of Receipt
Mailing Address 5001 Follgatter Drive		08 04 2011
City	State Zip Code	Transaction ID: 33641697
<u>Bakersfield</u>	CA 93308	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Dr David J Esplin		Date of Receipt
Mailing Address 34 South 590 East		0 8
City	State Zip Code	Transaction ID: 33641814
Salem	UT 84653-5519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional)		910.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22/96 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
American Optometric Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr David J Shippee		Date of Receipt
Mailing Address Box 307		08 09 7 2011
City	State Zip Code	Transaction ID: 33641815
Sherman Oaks	ME 04777	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	333.28	
Full Name (Last, First, Middle Initial) Dr Robert P Wooldridge		Date of Receipt
Mailing Address 1852 Aintree Ave		08 09 7 2011
City	State Zip Code	Transaction ID: 33641817
<u>Draper</u>	UT 84020-7711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	]
Full Name (Last, First, Middle Initial) Dr Kenneth Ray Moultrie		Date of Receipt
Mailing Address 1809 Gaslight Way		0 8
City	State Zip Code	Transaction ID: 33641819
<u>Huntsville</u>	AL 35801-1555	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
	l)	221.66

or for commercial purposes, other that NAME OF COMMITTEE (In Full)	State Zip Code MI 48094-1746  C  Occupation Doctor of Optometry  Aggregate Year-to-Date  1327.26	Date of Receipt  Date of Receipt  M M / D D / 2 0 1 1  Transaction ID: 33641820  Amount of Each Receipt this Period  Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
American Optometric Associant  Full Name (Last, First, Middle Inition Dr Barbara L Horn  Mailing Address 61269 Corall  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify)   Full Name (Last, First, Middle Inition Dr Earl L Smith, III  Mailing Address 2009 Harvard  City  Houston  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  Receipt For:  Primary General Other (specify)   Full Name (Last, First, Middle Inition Dr Deborah A Long Mailing Address 1115 John S  City  Fort Mill	State Zip Code MI 48094-1746  C  Occupation Doctor of Optometry  Aggregate Year-to-Date   1327.26	Transaction ID: 33641820  Amount of Each Receipt this Period  168.18  Date of Receipt  0 8 0 9 7 2 0 1 1  Transaction ID: 33641996
A. Dr Barbara L Horn  Mailing Address 61269 Corall  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initi Dr Earl L Smith, III Mailing Address 2009 Harvard  City  Houston  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initi Dr Deborah A Long  Mailing Address 1115 John S  City  Fort Mill	State Zip Code MI 48094-1746  C  Occupation Doctor of Optometry Aggregate Year-to-Date  1327.26  Street  State Zip Code	Transaction ID: 33641820  Amount of Each Receipt this Period  168.18  Date of Receipt  M M O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Washington  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initi Dr Earl L Smith, III Mailing Address 2009 Harvard City  Houston  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initi Dr Deborah A Long Mailing Address 1115 John S  City  Fort Mill	State Zip Code MI 48094-1746  C  Occupation Doctor of Optometry  Aggregate Year-to-Date   1327.26  Street  State Zip Code	Date of Receipt  M M M D D D D D D D D D D D D D D D D
Washington  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initi Dr Earl L Smith, III  Mailing Address 2009 Harvard  City Houston  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initi Dr Deborah A Long Mailing Address 1115 John S  City Fort Mill	MI 48094-1746  C  Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  1327.26  Street  State Zip Code	Date of Receipt  Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify)  Full Name (Last, First, Middle Initi Dr Earl L Smith, III Mailing Address 2009 Harvard City Houston  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify)  Tull Name (Last, First, Middle Initi Dr Deborah A Long Mailing Address 1115 John S City Fort Mill	Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  1327.26	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Receipt For:  Primary General Other (specify)  Full Name (Last, First, Middle Initi Dr Earl L Smith, III Mailing Address 2009 Harvard City Houston FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initi Dr Deborah A Long Mailing Address 1115 John S  City Fort Mill	Doctor of Optometry  Aggregate Year-to-Date ▼  1327.26  Street  State Zip Code	0 8 0 9 2 0 1 1 Transaction ID: 33641996
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initi Dr Earl L Smith, III Mailing Address 2009 Harvard  City Houston  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initi Dr Deborah A Long Mailing Address 1115 John S  City Fort Mill	1327.26  Street  State Zip Code	0 8 0 9 2 0 1 1 Transaction ID: 33641996
Dr Earl L Smith, III  Mailing Address 2009 Harvard  City  Houston  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initing Dr Deborah A Long)  Mailing Address 1115 John S  City  Fort Mill	Street State Zip Code	0 8 0 9 2 0 1 1 Transaction ID: 33641996
City Houston  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initi Dr Deborah A Long Mailing Address 1115 John S  City Fort Mill	State Zip Code	0 8 0 9 2 0 1 1 Transaction ID: 33641996
Houston  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initi Dr Deborah A Long Mailing Address 1115 John S  City Fort Mill	•	
FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initi Dr Deborah A Long Mailing Address 1115 John S  City Fort Mill	IA //008-2006	Amount of Each Receipt this Period
Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initi Dr Deborah A Long  Mailing Address 1115 John S  City  Fort Mill	C	365.00
Primary General Other (specify)  Full Name (Last, First, Middle Initi Dr Deborah A Long Mailing Address 1115 John S  City Fort Mill	Occupation Doctor of Optometry	7
Dr Deborah A Long Mailing Address 1115 John S  City Fort Mill	Aggregate Year-to-Date ▼ 365.00	
City Fort Mill		Date of Receipt
Fort Mill	ort Rd	08 09 2011
	State Zip Code	Transaction ID: 33642372
federal political committee.	SC 29707-7633	Amount of Each Receipt this Period  365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page	365.00	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Optometric Association	and Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Paul Philippe Cote  Mailing Address 18 Little Androsco  City	ggin Drive State Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Auburn  FEC ID number of contributing federal political committee.	ME 04210-8884	Amount of Each Receipt this Period 41.67
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  333.36	
Full Name (Last, First, Middle Initial) Dr Joe Ernest Ellis Mailing Address 179 Wood Trace		Date of Receipt  0 8 1 0 2 0 1 1
City	State Zip Code	0 8 1 0 2 0 1 1 Transaction ID: 33642385
Benton	KY 42025-9400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.36	
Full Name (Last, First, Middle Initial) Dr Gregory C Russell Mailing Address 2505 Rivermont C	ircle	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33642386
Kingsport  FEC ID number of contributing federal political committee.	TN 37660-2392	Amount of Each Receipt this Period  83.33
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	
SUBTOTAL of Receipts This Page (option	ial)	291.67

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 96 (check only one)    X   11a
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any pre name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Optometric Association Pol	itical Action Committee	
	Full Name (Last, First, Middle Initial) Dr Gilbert E Pierce		Date of Receipt
	Mailing Address 8639 Olenbrook Drive		08 10 Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 33642387
	Lewis Center	OH 43035-8702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
_	Full Name (Last, First, Middle Initial) Dr Steve N Nguyen		Date of Receipt
	Mailing Address 7417 Primrose Dr		0 8 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 33642390
	Irving	TX 75063-5507	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 750.00	
_	Full Name (Last, First, Middle Initial) Dr Martha M Gallia	I	Date of Receipt
	Mailing Address 2703 Crystal Falls		08
	City	State Zip Code	Transaction ID: 33642541
	Kingwood	TX 77345-1302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
Г		I	545.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 96 (check only one)    X   11a
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to alitical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Michael D Killough		Date of Receipt
Mailing Address 3005 N 6Th Street		0 8 0 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33642542
Blytheville	AR 72315-8031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)		Date of Provide
Dr Kristine G Verkaik  Mailing Address 679 E Key Ave		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: 33642543
Eustis	FL 32726-4638	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Jeffrey A Sterling		Date of Receipt
Mailing Address 924 Chesapeake Pl		08 09 2011
City	State Zip Code	Transaction ID: 33642544
Greenville	NC 27858-6243	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
CUPTOTAL of Province This Province of	)	750.00

Any information or for commercial			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
NAME OF C	copied from such Reports and Sal purposes, other than using the OMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	Optometric Association Pol	itical Action (	Committee	
Dr Kimberly F	ast, First, Middle Initial) Rosent Tinge ess 132 O'Fallon-Troy Rd			Date of Receipt
	132 O Falloll-110y Nu		7'o Codo	08 09 2011
City <u>O'Fallon</u>		State IL	Zip Code 62269	Transaction ID: 33642545  Amount of Each Receipt this Period
FEC ID num	ber of contributing cal committee.	C		500.00
Name of Em Self Employe	ployer ed	Occupation Doctor of	n f Optometry	
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 500.00	
Dr Gary Brya				Date of Receipt
Mailing Addr	ess 506 Curtis Street P.O. Box 10			08 / 09 / 2011
City	1	State	Zip Code	Transaction ID: 33642546
	ber of contributing cal committee.	C	54767-0010	Amount of Each Receipt this Period 400.00
Name of Em Self Employe	ployer ed	Occupation Doctor of	n f Optometry	
Receipt For: Primar Other (		Aggregate	Year-to-Date ▼ 400.00	
Full Name (L Dr David M B	ast, First, Middle Initial)			Date of Receipt
Mailing Addr	ess 2409 15Th St Sw			0 8 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 33642656
	ber of contributing cal committee.	C	80537-7711	Amount of Each Receipt this Period 500.00
Name of Em Self Employe	ployer ed	Occupation Doctor of	n f Optometry	
Receipt For: Primar Other (		<del>, '</del>	e Year-to-Date ▼ 500.00	
SUBTOTAL of	Receipts This Page (optional) .			1400.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 96 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Optometric Association F	the name and addr	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Arol R Augsburger Mailing Address 3315 South Throop			Date of Receipt
City Chicago	State IL	Zip Code 60608-6329	Transaction ID: 33642692  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Self Employed	Occupation Doctor of	Optometry	500.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Gregory Willard Hicks Mailing Address 419 Bogart Road E	ast		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State	Zip Code	Transaction ID: 33643158
Sandusky  FEC ID number of contributing federal political committee.	C	44870-6404	Amount of Each Receipt this Period  166.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate \	Year-to-Date ▼ 1336.00	
Full Name (Last, First, Middle Initial) Dr Gregory W Kraupa	<u>'</u>		Date of Receipt
Mailing Address 4280 Reiland Lane			08 11 7 2011
City <u>S</u> horeview	State MN	Zip Code 55126-3127	Transaction ID: 33643159
FEC ID number of contributing federal political committee.	C	35120-3127	Amount of Each Receipt this Period 42.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 294.00	
SUBTOTAL of Receipts This Page (optional	al)		708.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 96 (check only one)  X 11a 11b 11c 12
	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Robert Craig Janot		Date of Receipt
Mailing Address 100 Orchard Drive  City	State Zip Code	0 8 1 1 2 0 1 1 Transaction ID: 33643160
Sulphur	LA 70663-6268	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr Nathan H Drum		Date of Receipt
Mailing Address 410 Slate Ledge Roa		0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33643165
Littleton	NH 03561-3419	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	390.00	
Full Name (Last, First, Middle Initial) Dr Rodney Alan Windhorst		Date of Receipt
Mailing Address 4119 Priest Point Dri	ve Ne	0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33643343
Tulalip	WA 98271-7335	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)		491.67

## SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 96 (check only one)    X
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Optometric Association Po	olitical Action	Committee	
۸.	Full Name (Last, First, Middle Initial) Dr Bill L Borok	D.1		Date of Receipt
	Mailing Address 10328 Nw Thompson	n Rd		08 08 2011
	City	State	Zip Code	Transaction ID: 33644259
	Portland	OR	97229-3824	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		365.00	
	Full Name (Last, First, Middle Initial) Dr Dorothy L Hitchmoth			Date of Receipt
	Mailing Address Po Box 302 106 Davis Hill Road			08 / 08 / 2011
	City	State	Zip Code	Transaction ID: 33644260
	New London	NH	03257-0302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1494.00	
_	Full Name (Last, First, Middle Initial) Dr Gifford Mc Bride			Date of Receipt
	Mailing Address 3005 Parklawn Dr			0 8 0 8 2 0 1 1
	City	State	Zip Code	Transaction ID: 33644261
	Midwest City	OK	73110-3944	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
Γ	SUBTOTAL of Receipts This Page (optional)			781.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association I	nd Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Robert Dennis Mc Quaid		Date of Receipt
Mailing Address 12047 E Amherst F	Place	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y D D D / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33644263
<u>Aurora</u>	CO 80014-3101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Denise L Roddy	L	Date of Receipt
Mailing Address 13605 S 18 PI		08 08 2011
City	State Zip Code	Transaction ID: 33644265
Bixby	OK 74008-3612	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Steven A Bryant	L	Date of Receipt
Mailing Address 620 Cedar		08 08 2011
City	State Zip Code	Transaction ID: 33644268
Concordia	KS 66901-2812	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al) <b>&gt;</b>	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the Check only one)
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Optometric Association F		v any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr James Cooke Bieber  Mailing Address 1837 Baldridge Rd  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Code OH 43221-3811  C  Occupation Doctor of Optometry  Aggregate Year-to-Date   30	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Dr Jon A Skillman Mailing Address 3625 Treehaven Be  City Owensboro  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Code KY 42303-1785  C  Occupation Doctor of Optometry Aggregate Year-to-Date	Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Dennis M Kuwabara Mailing Address 94-477 Holaniku Str  City Mililani  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Code HI 96789-1717  C  Occupation Doctor of Optometry  Aggregate Year-to-Date	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional	)	1050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>A</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33/96   (check only one)   X   11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association	Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr Steven Arthur Loomis			Date of Receipt
Mailing Address 6436 Spotted Fawr	n Run		M M / D D / Y Y Y Y Y O D D / 2011
City Littleton	State CO	Zip Code 80125-9055	Transaction ID: 33644957  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00120 0000	200.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 1600.00	
Full Name (Last, First, Middle Initial) Dr Grant W Jones			Date of Receipt
Mailing Address 2117 Grandview D	r		0 8 1 2 2 0 1 1
City Torrington	State WY	Zip Code 82240-2638	Transaction ID: 33644958
FEC ID number of contributing federal political committee.	C	02240-2030	Amount of Each Receipt this Period  30.42
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 243.36	
Full Name (Last, First, Middle Initial) Dr Lynda L Jones			Date of Receipt
Mailing Address 2117 Grandview D	r		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State WY	Zip Code 82240-2638	Transaction ID: 33644959
Torrington  FEC ID number of contributing federal political committee.	C	82240-2638	Amount of Each Receipt this Period  30.42
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 243.36	
SUBTOTAL of Receipts This Page (options	-1		260.84

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 96 (check only one)    X
	d Statements may not be sold or used by any personant the name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Optometric Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Randolph E Brooks		Date of Receipt
Mailing Address 3 Schindler Drive	State Zip Code	0 8 1 2 2 0 1 1
City <u>Succasunna</u>	NJ 07876-1183	Transaction ID: 33644960  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 1600.00	
Full Name (Last, First, Middle Initial) Dr Harlan J Vander Griend		Date of Receipt
Mailing Address 1341 Kahler Court		08 / 12 / Y Y Y Y
City	State Zip Code	Transaction ID: 33650054
Sheldon  FEC ID number of contributing federal political committee.	IA 51201-1839	Amount of Each Receipt this Period 500.00
	Occupation	
Name of Employer Self Employed	Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	]
Full Name (Last, First, Middle Initial) Dr R. Bryan Boozer		Date of Receipt
Mailing Address 1602 Wildwood St S	Sw	0 8 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cullman	State Zip Code	Transaction ID: 33650055
Cullman  FEC ID number of contributing federal political committee.	AL 35055-4555	Amount of Each Receipt this Period  50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receints This Page (ontions	l)	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35/96   (check only one)   X   11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association I	Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr L. Bruce Mebine			Date of Receipt
Mailing Address 1728 Delaware St			M M / D D / Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Berkeley	State CA	Zip Code 94703-1327	Transaction ID: 33650056
FEC ID number of contributing federal political committee.	C	94703-1327	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Jeffrey David Hill	<b> </b>		Date of Receipt
Mailing Address 126 Treymoor Drive	e		0 8 1 3 2 0 1 1
City	State	Zip Code	Transaction ID: 33650057
Alabaster  FEC ID number of contributing federal political committee.	C	35007-3150	Amount of Each Receipt this Period  50.00
Name of Employer Self Employed	Occupatio	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr Sarah C Gordon			Date of Receipt
Mailing Address 252 Inverness Cent	ter Dr		0 8 1 3 2 0 1 1
City Birmingham	State AL	Zip Code 35242-4834	Transaction ID: 33650058  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	002-12-100-1	50.00
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	<del>- ' '</del>	Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	al)		600.00

# SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or f	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Brian D Cin  Mailing Address 17342 Alice Loop  City Eagle River  FEC ID number of contributing federal political committee.  Name of Employer Self Employed	State AK C	Zip Code 99577-7579	Date of Receipt    M M M
	Receipt For:  Primary General  Other (specify) ▼		f Optometry e Year-to-Date ▼ 400.00	
3.	Full Name (Last, First, Middle Initial) Dr Mindy M Blackford  Mailing Address 2361 Shelby 210  City	State	Zip Code	Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
	Leonard FEC ID number of contributing federal political committee.	MO	63451-2300	Amount of Each Receipt this Period  30.42
	Name of Employer Self Employed  Receipt For:  ☐ Primary ☐ General  ☐ Other (specify) ▼		f Optometry  e Year-to-Date ▼  243.36	
<b>)</b> .	Full Name (Last, First, Middle Initial) Dr Carey A Patrick  Mailing Address 970 Patrician Court			Date of Receipt  0 8 1 3 2 0 1 1
	City Fairview FEC ID number of contributing	State TX	Zip Code 75069-8781	Transaction ID: 33650063  Amount of Each Receipt this Period  100.00
	federal political committee.  Name of Employer Self Employed	Occupatio	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
SI	JBTOTAL of Receipts This Page (optional)		)	180.42

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 96 (check only one)    X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Dr Markus I Barth Mailing Address 1346 Heller Drive			Date of Receipt  0 8 1 4 2 0 1 1
	City Yardley	State PA	Zip Code 19067-2714	Transaction ID: 33650070  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		66.67
	Name of Employer Self Employed  Receipt For: Primary General		on f Optometry e Year-to-Date  ▼  533.36	
_ 3.	Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr Heath B Gilbert  Mailing Address 5277 Split Rail	0 0		Date of Receipt
	City	State	Zip Code	0 8 1 4 2 0 1 1 Transaction ID: 33650072
	Dayton  FEC ID number of contributing federal political committee.	OH	45429-1962	Amount of Each Receipt this Period 91.25
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	_
	Receipt For:  Primary General  Other (specify) ▼	- '	e Year-to-Date ▼ 273.75	
_ ;.	Full Name (Last, First, Middle Initial) Dr Brian J Plattner			Date of Receipt
	Mailing Address 917 S Market Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Knoxville	State IL	Zip Code 61448-1299	Transaction ID: 33650073  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	01410 1200	85.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 680.00	
	SUBTOTAL of Receipts This Page (optional) .	1	<b>)</b>	242.92

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 96 (check only one)    X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
۱.	Full Name (Last, First, Middle Initial) Dr Thomas Annunziato  Mailing Address 11700 Northview Dr			Date of Receipt
		01-1-	7's Oads	08 14 2011
	City Aledo	State TX	Zip Code 76008-5223	Transaction ID: 33650074  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 666.67	
	Full Name (Last, First, Middle Initial) Dr Greg A Caldwell			Date of Receipt
	Mailing Address 225 Terrace Drive			0 8 1 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 33650075
	Lilly	PA	15938-5819	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1166.69	
_	Full Name (Last, First, Middle Initial) Dr Linda M Chous			Date of Receipt
	Mailing Address 1295 W Royal Oaks [	Orive		08 15 2011
	City	State	Zip Code	Transaction ID: 33650092
	Shoreview FEC ID number of contributing federal political committee.	C	55126-8478	Amount of Each Receipt this Period 90.91
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	<del>, '</del>	e Year-to-Date ▼ 636.37	
	SUBTOTAL of Receipts This Page (optional) .			340.91

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Optometric Association Pol	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Larry Donavon Morrison			Date of Receipt
	Mailing Address Route 1 Box 235			08 / 15 / 2011
	City Mahnomen	State MN	Zip Code 56589	Transaction ID: 33650093  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
В.	Full Name (Last, First, Middle Initial) Dr Eric R Slapnicher			Date of Receipt
	Mailing Address 700 Douglas Ave #31	08 15 2011		
	City	State	Zip Code	Transaction ID: 33650097
	Minneapolis  FEC ID number of contributing federal political committee.	MN C	55403-3195	Amount of Each Receipt this Period  100.00
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date  300.00	
_ C.	Full Name (Last, First, Middle Initial) Dr Mark J Hennen			Date of Receipt
	Mailing Address 1613 Atwater Path			0 8 1 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 33650098
	Inver Grove Height  FEC ID number of contributing federal political committee.	C	55077-1201	Amount of Each Receipt this Period  50.00
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	
	Receipt For:  Primary  General  Other (specify) ▼	<del>, '</del>	e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional) .			275.00
	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 96 (check only one)    X
or for commercial purposes  NAME OF COMMITTEE	other than using the name and a	address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, N Dr Vincent W Brandys, Jr Mailing Address 998 A	,	Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Elgin  FEC ID number of contri federal political committe	buting IL	60123-6761	Amount of Each Receipt this Period  167.00
Name of Employer Self Employed  Receipt For: Primary Other (specify)		tion of Optometry ate Year-to-Date ▼ 1336.00	
Full Name (Last, First, N Dr David L Parker Mailing Address 4889	liddle Initial)  Bobo Place		Date of Receipt  0 8 1 5 2 0 1 1
City Olive Branch FEC ID number of contri		Zip Code 38654-8223	Transaction ID: 33650105  Amount of Each Receipt this Period  55.56
Name of Employer Self Employed	Occupa	tion of Optometry	
Receipt For:  Primary  Other (specify) ▼	Aggreg.  General	ate Year-to-Date ▼ 277.80	
Full Name (Last, First, N Dr Jennifer E Davis Mailing Address 16 P	ambrook Dr		Date of Receipt  0 8 1 5 2 0 1 1
City Fishersville	State VA	Zip Code 22939-2123	Transaction ID: 33650106  Amount of Each Receipt this Period
FEC ID number of contri federal political committee			41.00
Name of Employer Self Employed	Occupa Doctor	tion of Optometry	
Receipt For:  Primary  Other (specify) ▼	Aggreg. Aggreg.	ate Year-to-Date ▼ 336.00	
SUBTOTAL of Receipts T	his Page (optional)		263.56

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 41/96   (check only one)     X   11a     11b     11c     12     13     14     15     16
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association			
Full Name (Last, First, Middle Initial) Dr Scott L Nehring			Date of Receipt
Mailing Address 32840 S Meridian I	Road		0 8 1 5 2 0 1 1
City Woodburn	State OR	Zip Code 97071-8768	Transaction ID: 33650107  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37071 0700	42.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 336.00	
Full Name (Last, First, Middle Initial) Dr Gordon Stanley Johnson			Date of Receipt
Mailing Address 19 Griffith Creek D	rive		0 8 1 5 2 0 1 1
City	State SC	Zip Code	Transaction ID: 33650123
Greer FEC ID number of contributing federal political committee.	C	29651-2300	Amount of Each Receipt this Period  365.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Mark D Pifer			Date of Receipt
Mailing Address 1627 Cedar Point F	Rd		0 8 1 5 2 0 1 1
City Sandusky	State OH	Zip Code 44870-5210	Transaction ID: 33651031  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	44670-3210	365.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	<del>- ' '</del>	Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (options			772.00

Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Polit  Full Name (Last, First, Middle Initial)  Dr Richard W Phillips  Mailing Address 1977 Spring Hollow Lat  City  Germantown  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General  Other (specify)	name and address of any political committee to a	Date of Receipt    Date of Receipt
Full Name (Last, First, Middle Initial) Dr Richard W Phillips Mailing Address 1977 Spring Hollow Lat City Germantown FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General	State Zip Code TN 38139-5675  C  Occupation Doctor of Optometry  Aggregate Year-to-Date ▼	Transaction ID: 33654643  Amount of Each Receipt this Period  500.00
Mailing Address 1977 Spring Hollow Later City  Germantown  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General	State Zip Code TN 38139-5675  C  Occupation Doctor of Optometry  Aggregate Year-to-Date ▼	Transaction ID: 33654643  Amount of Each Receipt this Period  500.00
Germantown  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General	TN 38139-5675  C  Occupation Doctor of Optometry  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  500.00
FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General	Occupation Doctor of Optometry Aggregate Year-to-Date ▼	500.00
Receipt For: Primary General	Doctor of Optometry  Aggregate Year-to-Date ▼	Date of Receipt
Primary General		Date of Receipt
Office (Specify)		Date of Receipt
Full Name (Last, First, Middle Initial) Dr Daniel M Bowersox Mailing Address 5710 Valley Park Dr		M M / D D / Y Y Y Y
		08 12 2011
City	State Zip Code	Transaction ID: 33654645
Louisville  FEC ID number of contributing federal political committee.	KY 40299-4193	Amount of Each Receipt this Period  250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Neal S Jessup		Date of Receipt
Mailing Address 4018 Horsepen Mtn Dri	ive	0 8
City	State Zip Code	Transaction ID: 33654650
Vinton	VA 24179-1128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	<b>.</b>	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 96 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Pole	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Dr Terri A Wolf  Mailing Address 3690 Powderhorn Driv  City  Okemos  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary  General  Other (specify)	State Zip Code MI 48864-5924  C  Occupation Doctor of Optometry  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D D 2011  Transaction ID: 33656403  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Dr Jeffery A Sayler Mailing Address 3605 East Winncrest  City Sioux Falls  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)		Date of Receipt    M M
Full Name (Last, First, Middle Initial) Dr James Michael Hermann Mailing Address 3788 South Bank Rd  City Millersport  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General	State Zip Code OH 43046-9519  C  Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  240.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional) .		740.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 96 (check only one)    X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Pole	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Dr Karen A Griffith Mailing Address 9060 Cypress Avenue	)		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 33656432
	Cotati  FEC ID number of contributing federal political committee.	CA	94931-9630	Amount of Each Receipt this Period  250.00
	Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼	<del>- '</del>	f Optometry e Year-to-Date ▼ 250.00	
_ 3.	Full Name (Last, First, Middle Initial) Dr Thomas W Hobbs Mailing Address 13 Ne 550 Rd			Date of Receipt  0 8 1 6 2 0 1 1
	City	State	Zip Code	Transaction ID: 33656629
	Warrensburg	MO	64093-7473	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 400.00	
_	Full Name (Last, First, Middle Initial) Dr Ron W Roelfs			Date of Receipt
-	Mailing Address 1304 Shepherd Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 33656630
	Waverly	IA	50677-9632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00	
	SUBTOTAL of Receipts This Page (optional) .	1		335.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 96 (check only one)    X
or for cor	mation copied from such Reports and S mmercial purposes, other than using the E OF COMMITTEE (In Full) rican Optometric Association Poli	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr Bru	lame (Last, First, Middle Initial) uce L Manning g Address 8190 Crossgate Ct N			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City Dubl	in	State OH	Zip Code 43017-8431	Transaction ID: 33656632  Amount of Each Receipt this Period
FEC	ID number of contributing al political committee.	C	40017 0401	31.00
Recei	e of Employer Employed  pt For:  Primary General  Other (specify)		n f Optometry  • Year-to-Date ▼  248.00	7
Full N	lame (Last, First, Middle Initial) ephen H Cruse g Address 2770 Pilgrim Rd	0 0		Date of Receipt
City		State	Zip Code	0 8 1 5 2 0 1 1 Transaction ID: 33663167
	ID number of contributing al political committee.	C	17406-2359	Amount of Each Receipt this Period 250.00
Name Self E	e of Employer Employed	Occupation Doctor of	n f Optometry	
	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	lame (Last, First, Middle Initial) drew J Katz			Date of Receipt
	g Address 96 Pheasant Ridge			0 8 1 5 2 0 1 1
City		State	Zip Code	Transaction ID: 33663168
FEC	ayuna ID number of contributing al political committee.	C	12309-2517	Amount of Each Receipt this Period 250.00
Name Self E	of Employer Employed	Occupatio	n f Optometry	
	pt For: Primary General Other (specify) ♥		e Year-to-Date ▼ 250.00	
SUBTO	TAL of Receipts This Page (optional)	<u> </u>		531.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 96 (check only one)    X
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Optometric Association Po	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Harvey P Hanlen Mailing Address 640 Rosslyn Rd			Date of Receipt
				08 / 15 / 2011
	City <u>Boalsburg</u>	State PA	Zip Code 16827-1902	Transaction ID: 33663169  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10027 1002	250.00
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr William Donald Diehl	<u> </u>		Date of Receipt
	Mailing Address 3119 Dans Ct			08 15 2011
	City	State	Zip Code	Transaction ID: 33663174
	Enid  FEC ID number of contributing federal political committee.	OK OK	73703-1510	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ c.	Full Name (Last, First, Middle Initial) Dr Robert William Moses			Date of Receipt
	Mailing Address 413 Wessex Drive			M M / D D / Y Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 33663175
	Valparaiso FEC ID number of contributing federal political committee.	C	46385-7716	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	_ '	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1250.00
上	TOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Optometric Association Fully	nd Statements may not be sold or used by any pers the name and address of any political committee to Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Lee Ann Barrett Mailing Address 1199 E Morgan		Date of Receipt  0 8 1 7 2 0 1 1
City Boonville	State         Zip Code           MO         65233-1336	Transaction ID: 33664971  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Missouri Optometric Assoc- iation, Inc.  Receipt For:  Primary  General  Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   400.00	
Full Name (Last, First, Middle Initial) Dr Freddie M Mayes Mailing Address 117 Magnolia Drive	,	Date of Receipt  0 8 1 7 2 0 1 1
City	State Zip Code	Transaction ID: 33664975
Central City	KY 42330-1727	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr Barbara L Marcussen  Mailing Address 9217 Egret Ridge		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33677435
Belmont	NC 28012-7636	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
CURTOTAL of Descripto This Descriptor	J)	600.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>A</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48/96   (check only one)   X   11a
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association			
Full Name (Last, First, Middle Initial) Dr Darrin P Fleming			Date of Receipt
Mailing Address 992 Country Club	Rd Ste 101		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Eugene	State OR	Zip Code 97401-6023	Transaction ID: 33677444  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37401-0023	500.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Jason A Ricks			Date of Receipt
Mailing Address 108 Agate Drive			0 8 1 8 2 0 1 1
City	State	Zip Code	Transaction ID: 33679576
Lewistown FEC ID number of contributing	MT	59457-3202	Amount of Each Receipt this Period  30.00
federal political committee.	C		30.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		240.00	
Full Name (Last, First, Middle Initial) Dr Harue Jean Marsden			Date of Receipt
Mailing Address 1445 Prospect Ave	enue Unit D		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33679578
Placentia  EEC ID number of contributing	CA	92870-3816	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.34
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:	Aggregate	e Year-to-Date ▼	,
Primary General Other (specify) ▼		666.72	
SUBTOTAL of Receipts This Page (option	al)		613.34

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 96 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Kent Hillery Mailing Address 16448 Country Clu	uh Drivo	Date of Receipt
City	State Zip Code	0 8 1 8 2 0 1 1 Transaction ID: 33679579
Peosta  FEC ID number of contributing federal political committee.	IA 52068-9710	Amount of Each Receipt this Period  50.00
Name of Employer Self Employed	Occupation Doctor of Optometry  Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr Michelle A Broderick  Mailing Address 7 Broad Sound Ln	<b>'</b>	Date of Receipt
City	State Zip Code	0 8 1 8 2 0 1 1 Transaction ID: 33679580
Freeport	ME 04032-6297	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	32.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 272.00	]
Full Name (Last, First, Middle Initial) Dr Todd M Hamilton	<b>'</b>	Date of Receipt
Mailing Address 278 Falmouth Roa	ad	08 18 2011
City	State Zip Code	Transaction ID: 33679581
Windham  FFC ID surpher of contribution	ME 04062-4815	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 271.00	
	nal)	115.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Optometric Association Po	litical Action (	Committee	
۸.	Full Name (Last, First, Middle Initial) Dr Blaine A Littlefield			Date of Receipt
	Mailing Address 27 Wilderness Drive			08 / 18 / 2011
	City Freeport	State ME	Zip Code 04032-5824	Transaction ID: 33679582  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	01002 0021	33.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 271.00	
 3.	Full Name (Last, First, Middle Initial) Dr Alan Joseph Mathieu  Mailing Address P O Box 132	_I		Date of Receipt
				08 18 2011
	City Raymond	State ME	Zip Code 04071-0132	Transaction ID: 33679583  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	04071 0102	33.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 271.00	
_	Full Name (Last, First, Middle Initial) Dr Randall Hoch	1		Date of Receipt
	Mailing Address 206 Fox Farm Rd			0 8 1 8 2 0 1 1
	City	State	Zip Code	Transaction ID: 33679585
	Lewistown FEC ID number of contributing federal political committee.	C	59457-8696	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:  Primary General  Other (specify) ▼	<del>, '</del>	Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			316.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 96 (check only one)    X   11a
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Optometric Association Po	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Robert D Newcomb			Date of Receipt
	Mailing Address 7043 Olentangy River			08 16 2011
	Columbus	State OH	Zip Code	Transaction ID: 33684902
	Columbus  FEC ID number of contributing federal political committee.	С	43235-2151	Amount of Each Receipt this Period  365.00
	Name of Employer The Ohio State University	Occupation	on tric Educator	
	Receipt For:  Primary  General  Other (specify) ▼	<del>- ' · · · - · · · · · · · · · · · · · · </del>	e Year-to-Date ▼ 365.00	
— В.	Full Name (Last, First, Middle Initial) Dr Scott M Burks	<u> </u>		Date of Receipt
	Mailing Address P O Box 1351			08 19 2011
	City	State	Zip Code	Transaction ID: 33685617
	Buffalo	MO	65622-1351	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Doctor of	on f Optometry	
	Receipt For:  Primary General	Aggregate	e Year-to-Date	
	Other (specify) ▼		800.00	
 C.	Full Name (Last, First, Middle Initial) Dr Scott M Pearl	I		Date of Receipt
	Mailing Address 2245 Nw 142Nd Way	,		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 33685619
	Pembroke Pines	FL	33028-2862	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Self Employed	Occupation Doctor of	on f Optometry	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 333.36	
	SUBTOTAL of Receipts This Page (optional)			506.67
F,	FOTAL This Period (last page this line numbe	er only)		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Optometric Association Pol	itical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson			Date of Receipt
	Mailing Address 9940 S Ashleigh Way			08 / 19 / Y Y Y Y
	City	State	Zip Code	Transaction ID: 33685620
	Highlands Ranch FEC ID number of contributing federal political committee.	CO	80126-4244	Amount of Each Receipt this Period 166.94
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	<del>, '</del>	e Year-to-Date ▼ 1332.22	
_ 3.	Full Name (Last, First, Middle Initial) Dr Susan M Brunnett			Date of Receipt
	Mailing Address 9940 S Ashleigh Way	0 8 1 9 2 0 1 1		
	City	State	Zip Code	Transaction ID: 33685621
	Highlands Ranch	CO	80126-4244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.47
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	666.12	
- ).	Full Name (Last, First, Middle Initial) Dr Paul Zerbinopoulos			Date of Receipt
	Mailing Address 22 Carrie Lane			08 19 7 2011
	City	State	Zip Code	Transaction ID: 33685622
	North Kingstown  FEC ID number of contributing federal political committee.	C	02852-4138	Amount of Each Receipt this Period 40.56
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	<del>, '</del>	e Year-to-Date ▼ 202.80	
Γ		1		290.97

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedul for each category of the Detailed Summary Pa	ne (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Po	e name and address of any political com	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Pamela J Blodgett Mailing Address 22 Carrie Lane  City N Kingstown  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary Other (specify)	State Zip Code RI 02852-4138  C  Occupation Doctor of Optometry  Aggregate Year-to-Date  202.	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Dr Ronald Lee Hopping Mailing Address 1801 Creekside Dr  City Friendswood  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 77546-7821  C  Occupation Doctor of Optometry  Aggregate Year-to-Date   1454.	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Dr Desiree Tyer Hopping  Mailing Address 1801 Creekside Dr  City Friendswood  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Code TX 77546-7821  C  Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  1454.	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		404.20

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 96 (check only one)  X 11a 11b 11c 12
	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Kevin L Alexander		Date of Receipt
Mailing Address 2116 Wildwood Cour  City	t State Zip Code	0 8 2 0 2 0 1 1 Transaction ID: 33689411
Fullerton	CA 92831-1339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr Curtis L Dix		Date of Receipt
Mailing Address 501 E. Ridgeview		08 / 20 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33689412
Culver	OR 97734-9712	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) Dr Robert J Parks		Date of Receipt
Mailing Address 332 Sweet Allen Farr	n Rd	08 / 20 / Y Y Y Y Y Y
City Wokofield	State Zip Code	Transaction ID: 33689416
Wakefield	RI 02879-1492	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	111.11
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  444.44	
SUBTOTAL of Receipts This Page (optional)		286.11

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Michael E Bennett Mailing Address 4940 Victoria Place City Guthrie FEC ID number of contributing federal political committee.	State Zip Code OK 73044-8668	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  1333.36	
Full Name (Last, First, Middle Initial) Dr David S Hays Mailing Address 8720 52Nd St Ct V	V	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33689435
University PI  FEC ID number of contributing federal political committee.	WA 98467-1758	Amount of Each Receipt this Period  84.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 672.00	
Full Name (Last, First, Middle Initial) Dr Thomas L Lim		Date of Receipt
Mailing Address 1136 Thorntree Co	ourt	M M / D D / Y Y Y Y Y O D D / 2 D 1 D D D D D D D D D D D D D D D D D
City	State Zip Code	Transaction ID: 33689436
San Jose  FEC ID number of contributing federal political committee.	CA 95120-1740	Amount of Each Receipt this Period 41.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.36	
OUDTOTAL (CD) TO TO TO TO	nal)	292.34

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X)</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56/96   (check only one)   X   11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may no	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association		•	
Full Name (Last, First, Middle Initial) Dr Donald W Furman			Date of Receipt
Mailing Address 855 11Th St Place			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33689438
Garner  FEC ID number of contributing federal political committee.	C	50438-1847	Amount of Each Receipt this Period  84.00
Name of Employer Self Employed	Occupation Doctor of C	ptometry	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 672.00	
Full Name (Last, First, Middle Initial) Dr Jason B Rogers	<b> </b>		Date of Receipt
Mailing Address 540 Peach Tree Ci	rcle		0 8 2 1 2 0 1 1
City Gardner	State KS	Zip Code 66030-1382	Transaction ID: 33689441
FEC ID number of contributing federal political committee.	C	00030-1362	Amount of Each Receipt this Period  365.00
Name of Employer Self Employed	Occupation Doctor of C	Intometry	
Receipt For:  Primary General  Other (specify) ▼		pear-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Michelle L Spittler			Date of Receipt
Mailing Address 4125 Shorebrook [	)r		0 8 2 1 2 0 1 1
City Columbia	State SC	Zip Code 29206-2127	Transaction ID: 33689443
FEC ID number of contributing federal political committee.	C	29200-2121	Amount of Each Receipt this Period  365.00
Name of Employer Self Employed	Occupation Doctor of C	ptometry	
Receipt For:  Primary General  Other (specify) ▼	<del>- ' '</del>	ear-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (option:	al)		814.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 96 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association	nd Statements may not be sold or used by any pers g the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr David K Talley Mailing Address 1698 Brookside Dr  City Germantown FEC ID number of contributing federal political committee.  Name of Employer Self Employed	State Zip Code TN 38138-2531  C Occupation	Date of Receipt  M M / D D / Y Y Y Y Y  0 8 2 2 2 2 0 1 1  Transaction ID: 33689451  Amount of Each Receipt this Period  85.00
Receipt For: Primary General Other (specify)	Doctor of Optometry  Aggregate Year-to-Date ▼  510.00	
Full Name (Last, First, Middle Initial) Dr Blaine F Bird  Mailing Address 2001 E 775 S		Date of Receipt    M
City	State Zip Code	Transaction ID: 33689452
Springville	UT 84663-3206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.42
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 243.36	
Full Name (Last, First, Middle Initial) Dr David Samuel Davis		Date of Receipt
Mailing Address 940 Sugar Springs	Drive	0 8
City	State Zip Code	Transaction ID: 33689831
Las Vegas  FEC ID number of contributing federal political committee.	NV 89110-2934	Amount of Each Receipt this Period  1000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	al)	1115.42

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 96 (check only one)    X
or for comme	on copied from such Reports and rcial purposes, other than using the COMMITTEE (In Full) n Optometric Association Po	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name Dr Kyle R		State	Zip Code	Date of Receipt    M
<u>Lawton</u> FEC ID no	umber of contributing litical committee.	OK C	73507	Amount of Each Receipt this Period  500.00
Name of E Self Empl Receipt Fo	Employer oyed or:		n f Optometry e Year-to-Date ▼ 500.00	]
Dr David F	e (Last, First, Middle Initial) Robert Anderson ddress 707 Williamsburg Dr	ive		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		Transaction ID: 33689845		
<u>Tarboro</u>		Amount of Each Receipt this Period		
	umber of contributing litical committee.	C		500.00
Name of E Self Empl		Occupatio Doctor of	n f Optometry	
	or: nary General er (specify) <b>▼</b>	Aggregate	e Year-to-Date ▼ 500.00	
	e (Last, First, Middle Initial) Kautz-Markley ddress 4 Barringtonhills	1		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 33689848
Fenton		MI	48430-9183	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		300.00
Name of E Self Empl			f Optometry	
Receipt Fo		Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL	of Receipts This Page (optional)	<u> </u>		1300.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 96 (check only one)    X
C C	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	olitical Action	Committee	
۷.	Full Name (Last, First, Middle Initial) Dr Kathleen E Goff			Date of Receipt
	Mailing Address 114 Crested Peak			08 23 2011
	City	State	Zip Code	Transaction ID: 33689872
	Santa Teresa	NM	88008-9423	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		86.36
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		690.88	
_	Full Name (Last, First, Middle Initial) Dr Joseph J Jordan, Jr			Date of Receipt
	Mailing Address 224 Laconia Rd			0 8 2 3 2 0 1 1
	City	State	Zip Code	Transaction ID: 33689874
	Tilton	NH	03276-5223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	_ '	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1333.36	
	Full Name (Last, First, Middle Initial) Dr Barry J Barresi			Date of Receipt
	Mailing Address 659 Spyglass Summ	it Drive		08 23 2011
	City	State	Zip Code	Transaction ID: 33689876
	Chesterfield	MO	63017-2142	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		1333.36	]
Γ	SUBTOTAL of Receipts This Page (optional)			419.70

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate scho for each category Detailed Summary	of the
<i>A</i>	or for commercial purposes, other than using the	Statements may not be sold or used le name and address of any political c	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full)  American Optometric Association Po	itical Action Committee	
ب 4.	Full Name (Last, First, Middle Initial) Dr Martin H Carroll		Date of Receipt
	Mailing Address 3700 Essex Road		08 / 23 / 2011
	City <u>Cheyenne</u>	State Zip Code WY 82001-1641	Transaction ID: 33689877
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  150.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:  Primary General  Other (specify) ▼		50.00
 3.	Full Name (Last, First, Middle Initial) Dr Richard G Bursua		Date of Receipt
	Mailing Address 3107 W Woodlawn P	08 23 2011	
	City	State Zip Code	Transaction ID: 33689878
	Marion  FEC ID number of contributing federal political committee.	IL 62959-5555	Amount of Each Receipt this Period  30.42
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	12.94
- :.	Full Name (Last, First, Middle Initial) Dr Cheryl T Stoker		Date of Receipt
	Mailing Address 825 Parkway Dr		$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix}$ $\begin{bmatrix} D & D \\ 2 & 3 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
	City	State Zip Code	Transaction ID: 33689879
	Natchitoches  FEC ID number of contributing federal political committee.	LA 71457-5535	Amount of Each Receipt this Period  83.33
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	83.31
Г		1	263.75

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 96 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to	
American Optometric Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Paul Anton Hodge		Date of Receipt
Mailing Address 3042 118Th Ave  City	State Zip Code	0 8 23 2011
<u>Allegan</u>	MI 49010-9555	Transaction ID: 33689883  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr Chris R Deibert		Date of Receipt
Mailing Address 8 Johnson Drive		08 23 7 2011
City	State Zip Code	Transaction ID: 33689885
Luray  FEC ID number of contributing federal political committee.	VA 22835-9705	Amount of Each Receipt this Period  50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	7
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	650.00	
Full Name (Last, First, Middle Initial) Dr Elliott M Rosengarten		Date of Receipt
Mailing Address 7135 Shefford Lane	)	0 8 2 3 2 0 1 1
City Louisville	State Zip Code KY 40242-2854	Transaction ID: 33689886
FEC ID number of contributing federal political committee.	KY 40242-2854	Amount of Each Receipt this Period  250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optiona	I)	350.00

SCHEDULE A (FEC FITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 96 (check only one)    X   11a
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In F American Optometric Ass	than using the name and actual	ddress of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Dr Thomas E Nye Mailing Address 42 Tabor  City Hamilton  FEC ID number of contributing federal political committee.  Name of Employer Self Employed	State OH C Occupati	Zip Code 45013-5118 on of Optometry	Date of Receipt    M M M
Receipt For:  Primary Gener  Other (specify) ▼	al	te Year-to-Date ▼ 669.10	
Full Name (Last, First, Middle Dr Edwin F Adams, III  Mailing Address 36467 Oa  City	k Park Ave	Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Prairieville  FEC ID number of contributing federal political committee.  Name of Employer Self Employed	Occupati		Amount of Each Receipt this Period  500.00
Receipt For: Primary Gener Other (specify)	Aggrega	of Optometry te Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Dr Robert J Cotter, Jr Mailing Address 410 Hillwi	nds	7:n Oodle	Date of Receipt  0 8 2 2 2 0 1 1
City Brattleboro FEC ID number of contributing federal political committee.	State VT	Zip Code 05301-9071	Transaction ID: 33691701  Amount of Each Receipt this Period  250.00
Name of Employer Self Employed	Occupati Doctor	on of Optometry	
Receipt For:  Primary Gener  Other (specify) ▼		te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Pa	age (optional)		832.73

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule( for each category of the Detailed Summary Page	(crieck offly offe)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Po		r person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
7 American Optometric Association 1	milical Action Committee	
Full Name (Last, First, Middle Initial) Dr Mark A Michael  Mailing Address 6304 W Richardson		Date of Receipt
- Coop W Hichardson		08 22 2011
City	State Zip Code	Transaction ID: 33691702
Pasco	WA 99301-1911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	)   
Full Name (Last, First, Middle Initial) Dr Lynn E Goodwin		Date of Receipt
Mailing Address 317 Aker Dr P O Box 6006		08 22 7 2011
City	State Zip Code	Transaction ID: 33691706
Myrtle Creek	OR 97457-9485	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	ַם װ <b>ַ</b>
Full Name (Last, First, Middle Initial) Dr Steven E Eriksen		Date of Receipt
Mailing Address 816 Lake Street Sour	h	0 8 2 2 Y Y Y Y
City	State Zip Code	Transaction ID: 33691709
<u>Kirkland</u>	WA 98033-6456	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	)
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each c	rate schedule(s) ategory of the Summary Page	FOR LINE NUMBER: PAGE 64 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Po	e name and address of any p	or used by any person political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Craig Lawrence Nielsen  Mailing Address 180 Russell Street  City Middletown  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Code CT 06457-4  C  Occupation Doctor of Optometry Aggregate Year-to-Date	1326	Date of Receipt    M   M   D   D   2 2   2 0 1 1
Full Name (Last, First, Middle Initial) Dr Tara L Peterson  Mailing Address 5940 S Wright Ct  City  Littleton  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify)	State Zip Code CO 80127-4  C  Occupation Doctor of Optometry Aggregate Year-to-Date	1635	Date of Receipt  M M M D D D 2 2 3 2 0 1 1  Transaction ID: 33691875  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Dr Brian J Blount  Mailing Address 5830 N Circuit  City Beaumont  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Code TX 77706-4  C  Occupation Doctor of Optometry Aggregate Year-to-Date	1428	Date of Receipt  M M M
SUBTOTAL of Receipts This Page (optional) .		·····	681.82

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Otata	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Pol	e name and ad	dress of any political committee t	o solicit contributions from such committee.
	7 American Optometric Association Fol	iilicai Action	Committee	
Α.	Full Name (Last, First, Middle Initial)  Dr Teresa M Seim			Date of Receipt
	Mailing Address 75388 Vineyard Way			08 24 2011
	City	State	Zip Code	Transaction ID: 33691920
	Lawton	MI	49065-8609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 336.00	
– В.	Full Name (Last, First, Middle Initial) Dr Dennis M Brtva			Date of Receipt
	Mailing Address 57 Pebblebrook Ct			08 24 2011
	City	State	Zip Code	Transaction ID: 33691921
	Bloomington	<u>IL</u>	61705-6300	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Self Employed	Occupation Doctor o	<sup>on</sup> f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 680.00	
_ C.	Full Name (Last, First, Middle Initial) Dr Dori M Carlson Mailing Address P O Box 0			Date of Receipt
	Mailing Address P O Box 0			08 24 2011
	City	State	Zip Code	Transaction ID: 33691922
	Park River	ND	58270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		163.64
	Name of Employer Self Employed		f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1345.48	
Γ		•		290.64

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 96 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Poli	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Steven Thomas Reed Mailing Address 4550 Simpson Hwy 28  City Magee  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State MS  C  Occupation Doctor of	Zip Code 39111-5187  n f Optometry e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Peter V Candela  Mailing Address P O Box 614  City Blythewood  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)		Zip Code 29016-0614	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Donald Lester Watson  Mailing Address 118 San Marco Drive  City Tybee Island  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	, '	Zip Code 31328-9706  n f Optometry e Year-to-Date ▼ 400.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 33693919  Amount of Each Receipt this Period  50.00
SUBTOTAL of Receipts This Page (optional)		<b>)</b>	223.34

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to  Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Shannon C Franklin Mailing Address 427 Cranberry La  City Crozet	ne State Zip Code VA 22932-3160	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   400.00	50.00
Full Name (Last, First, Middle Initial) Dr Richard D Salisbury Mailing Address P O Box 1473 11477 Main Stree City Martin FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Code KY 41649-1473  C  Occupation Doctor of Optometry  Aggregate Year-to-Date  750.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 33693923  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Dr Ashley K Mc Ferron Mailing Address 5079 W Sunset D  City Lake Oswego  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	r  State Zip Code OR 97035-4253  C  Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  333.36	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	nal)	341.67

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association	nd Statements may not be sold or used by any perso g the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Beth A Kneib Mailing Address 602 Nw 163Rd St		Date of Receipt
City	State Zip Code	0 8 2 5 2 0 1 1 Transaction ID: 33693926
Shoreline FEC ID number of contributing federal political committee.	WA 98177-3727	Amount of Each Receipt this Period 41.67
Name of Employer Self Employed  Receipt For: Primary General	Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  333.36	1
Full Name (Last, First, Middle Initial) Dr Mario Joseph Contaldi Mailing Address 7728 Mid-Cities Bl		Date of Receipt
City North Richland Hil	State Zip Code TX 76180-4621	0 8 2 5 2 0 1 1 Transaction ID: 33693927
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  90.91
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 636.37	
Full Name (Last, First, Middle Initial) Dr Joe Wesley De Loach Mailing Address 504 Edgelake Drive	e	Date of Receipt
City Dallas	State Zip Code TX 75218-2111	0 8 2 5 2 0 1 1 Transaction ID: 33693928
FEC ID number of contributing federal political committee.	TX 75218-2111	Amount of Each Receipt this Period  109.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 763.00	
SUBTOTAL of Receipts This Page (option	al)	241.58

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>A</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 96   (check only one)   X   11a
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association			
Full Name (Last, First, Middle Initial) Dr John S Bowen			Date of Receipt
Mailing Address 2570 Northshore E	Blvd Ste 200		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Flower Mound	State TX	Zip Code 75028-8386	Transaction ID: 33693929  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	73020-0300	84.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 588.00	
Full Name (Last, First, Middle Initial) Dr Stacie Layne Virden			Date of Receipt
Mailing Address 2432 Lake Air Driv	/e		0 8 25 2011
City	State	Zip Code	Transaction ID: 33693930
Waco FEC ID number of contributing federal political committee.	C	76710-1611	Amount of Each Receipt this Period 90.91
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 636.37	
Full Name (Last, First, Middle Initial) Dr Monica L Rechichar			Date of Receipt
Mailing Address 412 Olympia Road	d		0 8 2 2 2 1 1 1
City Pittsburgh	State PA	Zip Code 15211-1308	Transaction ID: 33694789  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	102111000	250.00
Name of Employer Self Employed	Occupation Doctor of	n i Optometry	
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 250.00	
	<u> </u>		424.91

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 96 (check only one)    X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Pol	itical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr James P Busche  Mailing Address 2 W Wilmert Lake Dr			Date of Receipt
		Ctata	7: Od-	08 22 2011
	City Fairmont	State MN	Zip Code 56031-5056	Transaction ID: 33694792  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
– В.	Full Name (Last, First, Middle Initial) Dr Bradley Dean Richter  Mailing Address 357 Board Rd			Date of Receipt
				08 22 2011
	City Mahtomedi	State MN	Zip Code 55115-1489	Transaction ID: 33694794
	FEC ID number of contributing federal political committee.	C	33113-1409	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
С. С.	Full Name (Last, First, Middle Initial) Dr Rose Marie Betz			Date of Receipt
	Mailing Address 7300 N Bluff Drive			08 22 2011
	City	State	Zip Code	Transaction ID: 33694799
	Tuscaloosa  FEC ID number of contributing federal political committee.	C	35406-2608	Amount of Each Receipt this Period  100.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼  800.00	
	SUBTOTAL of Receipts This Page (optional)			1100.00
F	TOTAL This Period (last page this line number		<u> </u>	

An	y information copied from such Reports and		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
\	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and addr	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Pol	litical Action C	committee	
Α.	Full Name (Last, First, Middle Initial) Dr Albert I Lavsky			Date of Receipt
	Mailing Address 4028 Stannard Dr Ap		7. 0.1	08 22 2011
	City Toledo	State OH	Zip Code	Transaction ID: 33694801
	FEC ID number of contributing federal political committee.	C	43613-3633	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:  Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
 B.	Full Name (Last, First, Middle Initial) Dr Bruce Laurence Reese Mailing Address 2239 Autumn Drive			Date of Receipt
	Walling Address 2239 Addullin Drive			08 24 2011
	City	State	Zip Code	Transaction ID: 33694823
	Kinston	NC	28501-7222	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 250.00	]
— ).	Full Name (Last, First, Middle Initial) Dr Eugene Kwan Loc Young			Date of Receipt
	Mailing Address 3905 Sierra Drive			08 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 33694824
	Honolulu  FEC ID number of contributing federal political committee.	C	96816-3356	Amount of Each Receipt this Period  250.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:  Primary General  Other (specify) ▼	_ '	Year-to-Date ▼ 250.00	
SI	UBTOTAL of Receipts This Page (optional) .			1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for	se separate schedule(s) reach category of the etailed Summary Page	FOR LINE NUMBER:   PAGE /2/96   (check only one)     X   11a     11b     11c   12   13   14     15     16
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may not b	pe sold or used by any perso of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association	•	•	
Full Name (Last, First, Middle Initial) Dr Ronald Ray Foreman			Date of Receipt
Mailing Address 763 Sw Main Blvd	, Ste 101		M M / D D / Y Y Y Y Y O D D / 23 2011
City Lake City		Zip Code 32025-5794	Transaction ID: 33695002  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	32023-3734	500.00
Name of Employer Self Employed	Occupation Doctor of Opto	ometrv	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year	<u> </u>	
Full Name (Last, First, Middle Initial) Dr Susan A Driscoll			Date of Receipt
Mailing Address 717 St Dunstan W	/ay		0 8 2 3 2 0 1 1
City		Zip Code	Transaction ID: 33695005
Winter Park FEC ID number of contributing	FL S	32792-4851	Amount of Each Receipt this Period 300.00
federal political committee.			
Name of Employer Self Employed	Occupation Doctor of Opto	ometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Richard L Talkington			Date of Receipt
Mailing Address 461 Pleasant St P.O. Box 521			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Franklin		Zip Code 03235-1885	Transaction ID: 33695049  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1	100.00
Name of Employer Self Employed	Occupation Doctor of Opto	ometry	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year	•	
SUBTOTAL of Receipts This Page (option	l and)		900.00

or	ny information copied from such Reports and S	`tatamanta ma	Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	e name and ad	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>∠</u> <b>A</b> .	Full Name (Last, First, Middle Initial) Dr Pamela E Theriot  Mailing Address 3 Pebble Hill Road  City	State	Zip Code	Date of Receipt    M
	N Dewitt  FEC ID number of contributing federal political committee.	NY C	13214	Amount of Each Receipt this Period  50.00
	Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼		on f Optometry e Year-to-Date ▼ 400.00	
— В.	Full Name (Last, First, Middle Initial) Dr D. Cory Rath Mailing Address 10748 Sprucedale Ave	)		Date of Receipt  0 8 2 6 2 0 1 1
	City	State NV	Zip Code	Transaction ID: 33695052
	Las Vegas  FEC ID number of contributing federal political committee.	C	89144-4401	Amount of Each Receipt this Period  100.00
	Name of Employer Self Employed  Receipt For: Primary General Other (specify)	1 '	on f Optometry e Year-to-Date ▼ 800.00	
 C.	Full Name (Last, First, Middle Initial) Dr Curtis A Ono Mailing Address 822 W Barrett			Date of Receipt  0 8 2 6 2 0 1 1
	City	State	Zip Code	Transaction ID: 33695053
	Seattle FEC ID number of contributing federal political committee.	C	98119-1829	Amount of Each Receipt this Period  150.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify)	<del>, '</del>	e Year-to-Date ▼ 450.00	
s	SUBTOTAL of Receipts This Page (optional)			300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 96 (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Optometric Association	nd Statements may not be sold or used by any persor g the name and address of any political committee to a Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	- Ontrod 7 Grow Gorman	
Dr Michael Allen Corben  Mailing Address 231 N Kenter Ave		Date of Receipt
Cit.	Chair 7in Carla	08 25 2011
City Los Angeles	State Zip Code CA 90049-2717	Transaction ID: 33695422
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr George W Payne, Jr	L	Date of Receipt
Mailing Address 104 Dogwood		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33695467
Levelland	TX 79336-6808	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr C. Garry Collins	L	Date of Receipt
Mailing Address 409 Royal Crossing	g	0 8 2 4 2 0 1 1
City	State Zip Code	Transaction ID: 33695468
Franklin	TN 37064-8909	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option:	al)	1115.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 96 (check only one)    X   11a
or for commercial purposes, other than u	ts and Statements may not be sold or used by any person using the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Associati	on Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Timothy H Mc Gillen		Date of Receipt
Mailing Address 8755 Hanley Lr		08 24 2011
City <u>Crown Point</u>	State Zip Code IN 46307-1544	Transaction ID: 33695469  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr James W Bedsole Mailing Address 1723 Cogswell	Avenue	Date of Receipt
	Avenue	08 24 2011
City Pell City	State Zip Code AL 35125-1646	Transaction ID: 33695470
FEC ID number of contributing federal political committee.	C 33123-1040	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Charles Edwin Heacock		Date of Receipt
Mailing Address 1034 Torchwoo	d Drive	08 24 7 2011
City <u>Deland</u>	State Zip Code FL 32724-9410	Transaction ID: 33695471
FEC ID number of contributing federal political committee.	C 32724-9410	Amount of Each Receipt this Period  250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (or	tional)	1000.00
	number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 96 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association Polit	tical Action	Committee	
/ Full Name (Last, First, Middle Initial) Dr Maryjane Healey			Date of Receipt
Mailing Address 6710 124Th Place Se			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33695494
Snohomish	WA	98296-8649	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	1
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1600.00	
Full Name (Last, First, Middle Initial) Dr C. Thomas Crooks, III			Date of Receipt
Mailing Address 1229 Highland Lakes Trail			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33695495
Birmingham	AL	35242-6886	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr Larry G Obie			Date of Receipt
Mailing Address 1330 12Th Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33695513
<u>Havre</u>	MT	59501-5401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)			300.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 96 (check only one)    X
Any information copied from such Report or for commercial purposes, other than u	ts and Statements may not be sold or used by any pers sing the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association	on Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Kathryn Dingley Gurney		Date of Receipt
Mailing Address 1285 Industry R	dd	M M / D D / Y Y Y Y Y Y 2011
City	State Zip Code	Transaction ID: 33695515
Industry	ME 04938-4545	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr Kevin L Gee	I	Date of Receipt
Mailing Address 9119 Highway 6	S #200	0 8 2 8 2 0 1 1
City	State Zip Code	Transaction ID: 33695517
Missouri City	TX 77459-4876	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.91
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	727.28	
Full Name (Last, First, Middle Initial) Dr George W Hertneky		Date of Receipt
Mailing Address 16862 County F	Road 28	0 8 2 8 2 0 1 1
City	State Zip Code	Transaction ID: 33695521
Brush	CO 80723-9424	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
	tional)	190.91

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 96 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
C C	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
<b>A</b> .	Full Name (Last, First, Middle Initial) Dr Sue E Lowe			Date of Receipt
	Mailing Address 1704 Skyline Drive	2: :	7: 0.1	08 28 2011
	City Laramie	State WY	Zip Code 82070-8932	Transaction ID: 33695522  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0.000	166.67
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1333.36	
 3.	Full Name (Last, First, Middle Initial) Dr Erica V Lukasko Mailing Address 110 Connetitution Dr			Date of Receipt
	Mailing Address 119 Constitution Dr			08 28 2011
	City	State	Zip Code	Transaction ID: 33695523
	Lafayette FEC ID number of contributing federal political committee.	C	70503-6323	Amount of Each Receipt this Period  25.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
 ;.	Full Name (Last, First, Middle Initial) Dr Ron Benner			Date of Receipt
	Mailing Address 1408 E Maryland			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Laurel	State MT	Zip Code	Transaction ID: 33695524
	FEC ID number of contributing federal political committee.	C	59044-2238	Amount of Each Receipt this Period  166.67
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1333.36	
	SUBTOTAL of Receipts This Page (optional) .	1		358.34

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 96 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association	nd Statements may not be sold or used by any pers g the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr Neil W Draisin  Mailing Address 21 Fairway Village	Lane	Date of Receipt
City  Isle Of Palms  FEC ID number of contributing	State Zip Code SC 29451-2732	Transaction ID: 33695525  Amount of Each Receipt this Period  41.67
Receipt For:  Primary  Other (specify)	Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  333.36	
Full Name (Last, First, Middle Initial) Dr Jennifer M Smith Mailing Address 141 Sea Cotton Ci	r	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City Charleston  FEC ID number of contributing federal political committee.	State Zip Code SC 29412-8296	Transaction ID: 33695526  Amount of Each Receipt this Period  41.67
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  333.36	
Full Name (Last, First, Middle Initial) Dr G. Richard Mc Guirt, Jr Mailing Address 1622 Bear Chene		Date of Receipt
City  Westlake  FEC ID number of contributing federal political committee.	State Zip Code LA 70669-4110	Transaction ID: 33695528  Amount of Each Receipt this Period  50.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  400.00	
SUBTOTAL of Receipts This Page (option	al)	133.34

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 96 (check only one)    X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
۷.	Full Name (Last, First, Middle Initial) Dr Robert G Goerss			Date of Receipt
	Mailing Address 3120 Brookford Drive			08 28 2011
	City	State	Zip Code	Transaction ID: 33695530
	Saint Charles	MO	63303-6356	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
	Full Name (Last, First, Middle Initial) Dr Thomas J Landry			Date of Receipt
	Mailing Address 9 Greenridge Drive			0 8 2 8 2 0 1 1
	City	State	Zip Code	Transaction ID: 33695531
	Painted Post	NY	14870-9388	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	800.00	
_	Full Name (Last, First, Middle Initial) Dr Trevor J Cleveland			Date of Receipt
	Mailing Address 1610 Wilson Court			0 8 2 8 2 0 1 1
	City	State	Zip Code	Transaction ID: 33695532
	Eugene	OR	97402-3361	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
	SUBTOTAL of Receipts This Page (optional) .	1		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each o	rate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 81 / 96 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Optometric Association Po		or used by any perso political committee to	
Full Name (Last, First, Middle Initial) Dr Lanny F Duclos, Jr Mailing Address 3795 Sunvalley  City Grantsville  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:	State Zip Cod UT 84029-8  C  Occupation Doctor of Optometry Aggregate Year-to-Date	3512	Date of Receipt  M M M / D D D / Y Y Y Y Y  O 8 28 2011  Transaction ID: 33695534  Amount of Each Receipt this Period  50.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Michele R Haranin  Mailing Address 301 Concord Road	0 0 0 0	400.00	Date of Receipt
City  Dover  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	State Zip Cod DE 19904-9  C  Occupation Doctor of Optometry  Aggregate Year-to-Date	9100	Transaction ID: 33695535  Amount of Each Receipt this Period  50.00
Full Name (Last, First, Middle Initial) Dr William L Ratcliff Mailing Address 530 10Th Street  City Huntington  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Cod WV 25701-2  C  Occupation Doctor of Optometry Aggregate Year-to-Date	2222	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			142.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Optometric Association F	d Statements may not be sold or used by any person the name and address of any political committee to solditical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Heidi L Schefferly Mailing Address 4877 W Territorial F	Rd	Date of Receipt
City Rives Junction FEC ID number of contributing	State Zip Code MI 49277-9639	Transaction ID: 33695537  Amount of Each Receipt this Period  50.00
Receipt For:  Primary  Other (specify)	Occupation Doctor of Optometry  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Dr Jan L Cooper Mailing Address 101 Chandler West		Date of Receipt    M M
City Highland FEC ID number of contributing	State Zip Code CA 92346-5482	Transaction ID: 33695540  Amount of Each Receipt this Period  187.50
Receipt For:  Primary  Other (specify)	Occupation Doctor of Optometry  Aggregate Year-to-Date  1500.00	
Full Name (Last, First, Middle Initial) Dr Peter H Kehoe Mailing Address 789 N Broad		Date of Receipt
City Galesburg FEC ID number of contributing federal political committee.	State Zip Code IL 61401-2766	7 Transaction ID: 33695541 Amount of Each Receipt this Period 175.00
Name of Employer Self Employed  Receipt For: Primary Other (specify)	Occupation Doctor of Optometry  Aggregate Year-to-Date   1400.00	
SUBTOTAL of Receipts This Page (optional	l)	412.50

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 96 (check only one)    X
0	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Poli	itical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Lynn A Davis			Date of Receipt
	Mailing Address 1424 Tiffany Lane Se			08 28 2011
	City Rio Rancho	State NM	Zip Code 87124-0976	Transaction ID: 33695543  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	07124 0070	83.34
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.04	
— В.	Full Name (Last, First, Middle Initial) Dr Jeffrey W Jones	1		Date of Receipt
	Mailing Address 107 Northcastle St			08 28 2011
	City	State	Zip Code	Transaction ID: 33695545
	Longview FEC ID number of contributing federal political committee.	C	75604-3544	Amount of Each Receipt this Period  83.34
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.02	
_ с.	Full Name (Last, First, Middle Initial) Dr Bruce D Krutsinger	1		Date of Receipt
	Mailing Address 15901 Tahoe Dr			0 8 2 8 2 0 1 1
	City	State	Zip Code	Transaction ID: 33695546
	Jersey Village FEC ID number of contributing federal political committee.	C	77040-1243	Amount of Each Receipt this Period  83.34
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.02	
	SUBTOTAL of Receipts This Page (optional)			250.02
	TOTAL This Period (last page this line number		<u> </u>	

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to	on for the purpose of soliciting contributions
/ American Optometric Association P	olitical Action Committee	o solicit continuations from such committee.
Full Name (Last, First, Middle Initial) Dr Thomas A Lucas, Jr Mailing Address 2023 Sandy Point R City	State Zip Code	Date of Receipt    M   M
Harker Heights  FEC ID number of contributing federal political committee.	TX 76548-8680	Amount of Each Receipt this Period 83.34
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   250.02	
Full Name (Last, First, Middle Initial) Dr Mark T Mentzer Mailing Address 2200 Blairs Ferry Cr	ossing	Date of Receipt  0 8 2 8 2 0 1 1
City	State Zip Code	Transaction ID: 33695548
Hiawatha  FEC ID number of contributing federal political committee.	IA 52233-7900	Amount of Each Receipt this Period  30.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Dr John L Walters Mailing Address 47 Mast Hill Road		Date of Receipt
	Otata 7in Oada	08 28 2011
City <u>Saco</u>	State Zip Code ME 04072-9338	Transaction ID: 33695552  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	135.71
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 457.13	
SUBTOTAL of Receipts This Page (optional		249.05

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 96 (check only one)    X   11a
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Optometric Association Po	litical Action	Committee	
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Dr Andrea P Thau			Date of Receipt
	Mailing Address 145 East 84Th St Ap	t 11A		08 / 28 / 2011
	City	State NY	Zip Code	Transaction ID: 33695554
	New York  FEC ID number of contributing federal political committee.	C	10028-2058	Amount of Each Receipt this Period  166.67
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1333.36	
_ В.	Full Name (Last, First, Middle Initial) Dr Diane E Reddin	<u> </u>		Date of Receipt
	Mailing Address P O Box 66			08 28 2011
	City	State	Zip Code	Transaction ID: 33695558
	Crawford	CO	81415-0066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼	0 0	500.00	
_ С.	Full Name (Last, First, Middle Initial) Dr Victoria Raquel Strange	1		Date of Receipt
	Mailing Address 1513 Washington St			M M / D D / Y Y Y Y Y Y Y Y Z D 1 1
	City	State OK	Zip Code	Transaction ID: 33696091
	Edmond  FEC ID number of contributing federal political committee.	C	73034-4906	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	_ '	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			666.67
ı	TOTAL This Period (last page this line numbe			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Jerold M Wassel		Date of Receipt
Mailing Address 12212 Faulkner Dr		08 25 2011
City	State Zip Code	Transaction ID: 33696093
Owings Mills	MD 21117-1257	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Dr Matt R Sullivan	1	Date of Receipt
Mailing Address 3217 Jack Drive		08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33696121
Prescott	AZ 86305-4155	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr D. Scott Bedsole		Date of Receipt
Mailing Address 204 Grosvenor Dr		08 / 26 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33696123
Raleigh	NC 27615-2046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	)	1100.00
	per only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	f	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 96 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may no name and addres	t be sold or used by any perso s of any political committee to	<del>                                     </del>
NAME OF COMMITTEE (In Full)  American Optometric Association Poli	tical Action Cor	nmittee	
Full Name (Last, First, Middle Initial) Dr Douglas C Morrow			Date of Receipt
Mailing Address 903 Midway Dr			08 29 2011
City	State	Zip Code	Transaction ID: 33696583
<u>Auburn</u>	IN	46706-1129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of Op	otometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Jerry Dean West			Date of Receipt
Mailing Address 4411 Colonial Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33696612
Sapulpa	OK	74066-9011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of Op	otometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Kevin D Schmidt			Date of Receipt
Mailing Address 817 Stalcup Court			08 29 2011
City	State	Zip Code	Transaction ID: 33696613
Franklin	TN	37064-5046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of Op	otometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 96 (check only one)    X   11a
C C	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	olitical Action	Committee	
	Full Name (Last, First, Middle Initial) Dr Robert A Orsillo			Date of Receipt
	Mailing Address 1102 Green Hill Trac	e 		08 29 2011
	City	State FL	Zip Code	Transaction ID: 33696622
	Tallahassee  FEC ID number of contributing federal political committee.	C	32317-8634	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
. –	Full Name (Last, First, Middle Initial) Dr Brian J Kane			Date of Receipt
	Mailing Address 6507 Derby Dr			0 8 2 9 2 0 1 1
	City	State	Zip Code	Transaction ID: 33696623
	Mayfield Village	OH	44143-3420	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	<del>_, '</del>	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) Dr Louis A Spinozzi, Jr			Date of Receipt
	Mailing Address 767 N White Tail Driv	/e		08 29 2011
	City	State	Zip Code	Transaction ID: 33697954
	Franktown	CO	80116-8832	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed		f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Г	SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 96 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full)  American Optometric Association	s and Statements may not be sold or used by any person sing the name and address of any political committee to on Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr James H Bell Mailing Address 3519 Cherokee I	Road	Date of Receipt
City Cody	State Zip Code WY 82414-8435	Transaction ID: 33697955  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) Dr Curtis M Simmons Mailing Address 109 Treetop Dr		Date of Receipt  0 8 3 1 2 0 1 1
City	State Zip Code	Transaction ID: 33698045
Santa Cruz  FEC ID number of contributing federal political committee.	CA 95060-1305	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Ryan N Williams		Date of Receipt
Mailing Address 1109 Links Rd		08 31 7 2011
City <u>Myrtle Beach</u>	State Zip Code SC 29575-5879	Transaction ID: 33706033  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 23373-3079	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (opti	onal)	1500.00
TOTAL This Period (last page this line r	number only)	53096.29

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate sch			FOR LIN			R:		PAGE 90/96												
ITEMIZED DISBURSEMENTS	for each category Detailed Summary		I —	21b 27	H	22 28a	_	23 28b	П	24 28c		25 29	26 30b								
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name										5											
NAME OF COMMITTEE (In Full)  American Optometric Association Political																					
Full Name (Last, First, Middle Initial) Wachovia Federal  Mailing Address 1650 Tyson Blvd.				Transaction ID: 33621359 Date of Disbursement  M 8 M / D 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y																	
	State Zip Coo VA 22102					Amou	nt of	Each	Dist	ourse	men	t this F	Period								
Purpose of Disbursement Bank Fee Candidate Name		C	Cate	01 egory/							6	94.02	2								
Office Sought:  Senate President State:  Disburse	Senate Primary General President Other (specify) ▼											Bank Fee									
Full Name (Last, First, Middle Initial) Bank of America  Mailing Address PO Box 790251						Trans Date o		sburse				0 1 1	Y								
City	State Zip Coo MO 63179				Amount of Each Disbursement this Period																
Purpose of Disbursement American Express Fee	WO 63178		0	01	144.82																
Candidate Name		C		egory/ ype																	
Senate President	ment For: Primary G Other (specify) ▼	ieneral			1	Ameri	can	Ехрі	ress	Fee											
State: District: Full Name (Last, First, Middle Initial)						Trans					475	<u> </u>									
Bank of America  Mailing Address PO Box 790251						Date o	of Di		emer	nt / Y	ž	0 1 1	Y								
	State Zip Cod MO 63179					Amou	nt of	Each	Dist	ourse	-										
Purpose of Disbursement Bank Fee			0	01				-		-	8	87.71									
Candidate Name		С		egory/ ype																	
Office Sought: House Disburse Senate President	ment For:  Primary G  Other (specify)	eneral			E	Bank	Fee														
State: District:																					
SUBTOTAL of Disbursements This Page (optional) .				. •							172	26.55									

State:

A.

District:

_			<b>^</b> \/\															
	CHEDULE B (		Use separate schedule(s)				FOR LINE NUMBER: (check only one)											
IT	EMIZED DISE	BURSEMEN	for each category of the Detailed Summary Page			X	21b 27	П	22 28a		23 28b		24 28c		25 29		26 30b	
	y Information copied f for commercial purpos			•		•	•	•			•			_				
\	NAME OF COMMIT American Optomo	` ,	a Political	Action Co	mmittoo													
<u>/</u>	American Optom	etiic Associatioi	i Folitical	ACTION OC	minitee													
	Full Name (Last, First Bank of America Mailing Address	et, Middle Initial) PO Box 79025	1							Trans Date of	of Dis	burse	_	37324 ent		0 1 1	Y	
	City St. Louis			State MO	Zip Code 63179					Amou	nt of	Each	Dis	burser				d
	Purpose of Disburse Bank Fee	ment	001							-	-			-	76.20	-		
	Candidate Name					C	ateg Typ	jory/ e										
	Office Sought:	House Senate President	Disburser	ment For: Primary Other (spe	☐ Gener	al				Bank	Fee							

SUBTOTAL of Disbursements This Page (optional)	•	76.20
TOTAL This Period (last page this line number only)	<b></b>	1802.75

	CHEDULE B (FEC FOIIII 3	/ Use separate schedule			NE NUMBER: PAGE 92 / 9 only one)						
	EMIZED DISBURSEMEN	Detailed Summary Pag	е	21b 27	22 X 23 24 25 28a 28b 28c 29						
	Information copied from such Reports a or commercial purposes, other than usin				for the purpose of soliciting contributions licit contributions from such committee						
$\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association	<u> </u>									
<u>v                                    </u>	Full Name (Last, First, Middle Initial) Adrian Smith For Congress				Transaction ID: 33621900 Date of Disbursement						
	Mailing Address 3321 Avenue I Suite 6				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & O & 1 & 1 \end{bmatrix} \ Y$						
	City Scottsbluff	State Zip Code NE 69361			Amount of Each Disbursement this Perio						
	Purpose of Disbursement Candidate Contribution Candidate Name			011 Category/	1000.00						
	Rep. Adrian Smith  Office Sought: X House	Disbursement For: 2012		Type	0 "11 0 1" "						
	Senate President	X Primary Gener Other (specify) ▼	al		Candidate Contribution						
	State: NE District: 03  Full Name (Last, First, Middle Initial)  Long Leaf Pine PAC				Transaction ID: 33628508 Date of Disbursement						
	Mailing Address 426 C Street, N.	E.			0 8 M / 0 4 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City Washington	State Zip Code DC 20002			Amount of Each Disbursement this Perio						
	Purpose of Disbursement Committee Contribution			011	2000.00						
	Candidate Name Long Leaf Pine PAC		C	Category/ Type							
	Office Sought:  House Senate President State:  District:	Disbursement For:  Primary Gener  Other (specify) ▼	al		Committee Contribution						
	Full Name (Last, First, Middle Initial) Jesse Jackson Jr For Congress				Transaction ID: 33643569 Date of Disbursement						
	Mailing Address P.O. Box 49028	6			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$						
	City Chicago	State Zip Code IL 60649			Amount of Each Disbursement this Perio						
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NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  American Optometric Association Political Action Committee  Full Name (Last, First, Middle Initial) Castor For Congress  Mailing Address 301 W. Platt Street, #385  City Tampa FL 33806  Purpose of Disbursement Candidate Contribution Cardidate Name Rep. Katherine Castor  Office Sought: X   House Senate President State: FL District: 11  Full Name (Last, First, Middle Initial) Passroll For Congress  Mailing Address P.O. Box 640  City State: FL District: 11  Full Name (Last, First, Middle Initial) Passroll For Congress  Mailing Address P.O. Box 640  City State: FL District: 11  Full Name (Last, First, Middle Initial) Passroll For Congress  Mailing Address P.O. Box 640  City State: Vi Purpose of Disbursement Candidate Contribution  Candidate Contribution  City State: Vi Purpose of Disbursement Candidate Contribution  Transaction ID: 33643575 Date of Disbursement Init Period  Mailing Address P.O. Box 640  City State: Vi Purpose of Disbursement Candidate Contribution  Cand	ITEMI	ZED DIS	SBURSEMEN	TS	for each of	category of the			21b	22	X					26
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