

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 08 01 2011 through 08 31 2011

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

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

Signature of Treasurer Electronically Filed by Thomas E. Nye, O.D. Date 09 19 2011

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Optometric Association Political Action Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		393463.33
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning 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								
7. Total Disbursements (from Line 31)	36302.75	420610.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	551477.28	551477.28								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1802.75	17485.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1802.75	17485.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	391000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	125.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	125.00
29. Other Disbursements.....	12000.00	12000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	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

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

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)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr Kent G Yount

Mailing Address 9063 S Arrowgrass Way

City State Zip Code
Highlands Ranch CO 80126-2640

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 02 / 2011
Transaction ID: 33621490
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr Steven D Koch

Mailing Address 1204 Madison

City State Zip Code
Wenatchee WA 98801-1937

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 01 / 2011
Transaction ID: 33621564
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr Teresa A Gossard

Mailing Address 6323 Grand Vista Avenue

City State Zip Code
Cincinnati OH 45213-1115

FEC ID number of contributing federal political committee. C

Name of Employer Eye Care Associates of Greater Cincinnati Occupation
Eye Care Associates of Greater Cincinnati Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 01 / 2011
Transaction ID: 33621565
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 96
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Dr Jordi S Jones</p> <p>Mailing Address 315 Equestrian Run</p> <p>City State Zip Code Hartsville SC 29550-8040</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Self Employed Doctor of Optometry</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 365.00</p>	<p>Date of Receipt 08 / 01 / 2011</p> <p>Transaction ID: 33621569</p> <p>Amount of Each Receipt this Period 365.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr Keith A Jones</p> <p>Mailing Address 315 Equestrian Run</p> <p>City State Zip Code Hartsville SC 29550-8040</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Self Employed Doctor of Optometry</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 365.00</p>	<p>Date of Receipt 08 / 01 / 2011</p> <p>Transaction ID: 33621570</p> <p>Amount of Each Receipt this Period 365.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Phillip B Tickner</p> <p>Mailing Address 109 Anderson Circle</p> <p>City State Zip Code Trussville AL 35173-1001</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Self Employed Doctor of Optometry</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 08 / 01 / 2011</p> <p>Transaction ID: 33621571</p> <p>Amount of Each Receipt this Period 250.00</p>
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SUBTOTAL of Receipts This Page (optional)	980.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Jeremy T Nett		Date of Receipt
	Mailing Address 4033 Wills Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 02 / 2011
	City	State	Zip Code
	Cheyenne	WY	82001-1875
	FEC ID number of contributing federal political committee. C		Transaction ID: 33621665
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 365.00

B.	Full Name (Last, First, Middle Initial) Dr Kathleen E Powell		Date of Receipt
	Mailing Address 9710 Copper Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 03 / 2011
	City	State	Zip Code
	Anchorage	AK	99507-1226
	FEC ID number of contributing federal political committee. C		Transaction ID: 33621812
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 85.00

C.	Full Name (Last, First, Middle Initial) Dr Dirk Michael Beyer		Date of Receipt
	Mailing Address 709 South 5Th St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 03 / 2011
	City	State	Zip Code
	Hamilton	MT	59840-2755
	FEC ID number of contributing federal political committee. C		Transaction ID: 33621814
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 144.29

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 594.29
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Robert L Owens, II	Date of Receipt MM / DD / YYYY 08 / 03 / 2011
	Mailing Address 8 Century Lane	Transaction ID: 33621815
	City State Zip Code Newmanstown PA 17073-8982	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Dr Philip J. Gross	Date of Receipt MM / DD / YYYY 08 / 03 / 2011
	Mailing Address 46 Wintergreen Way	Transaction ID: 33621816
	City State Zip Code Magnolia DE 19962-1474	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Dr Robert L Jarrell, III	Date of Receipt MM / DD / YYYY 08 / 03 / 2011
	Mailing Address 50 Cedar Hill Rd	Transaction ID: 33621817
	City State Zip Code Albuquerque NM 87122-1928	Amount of Each Receipt this Period 285.72
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1142.88	

SUBTOTAL of Receipts This Page (optional)	385.72
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 96
(check only one)

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

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

A.

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

Mailing Address 245 Shadowbrook Drive

City Roswell State GA Zip Code 30075-4600

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	1	1

Transaction ID: 33628399

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1830 Rebel Ridge

City Anchorage State AK Zip Code 99504-2900

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	1	1

Transaction ID: 33628400

Amount of Each Receipt this Period
85.00

C.

Full Name (Last, First, Middle Initial)
Dr Harvey B Richman, FAAO

Mailing Address 136 Main Street

City Manasquan State NJ Zip Code 08736-3558

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	1	1

Transaction ID: 33628403

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional) ► **376.67**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Julie A Toon		Date of Receipt
	Mailing Address 2204 Longwood Cir		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 04 / 2011
	City	State	Zip Code
	Wichita	KS	67226-1157
	FEC ID number of contributing federal political committee. C		Transaction ID: 33628404
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 450.00	

B.	Full Name (Last, First, Middle Initial) Dr Arnold Milton Stokol		Date of Receipt
	Mailing Address 6810 Blue Mesa		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 01 / 2011
	City	State	Zip Code
	Dallas	TX	75252-6102
	FEC ID number of contributing federal political committee. C		Transaction ID: 33628428
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Dr Richard L Foss		Date of Receipt
	Mailing Address W5224 Knobloch Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 01 / 2011
	City	State	Zip Code
	La Crosse	WI	54601-2461
	FEC ID number of contributing federal political committee. C		Transaction ID: 33628436
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 550.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 96

(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr Alan Kyle Bugg

Mailing Address 1022 S Miles Avenue

City State Zip Code
Union City TN 38261-5432

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 01 / 2011

Transaction ID: 33628437

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Lisa L Knapp

Mailing Address 341 So G Street

City State Zip Code
Oxnard CA 93030

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 01 / 2011

Transaction ID: 33628444

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Thomas E Holden

Mailing Address 341 South G Street

City State Zip Code
Oxnard CA 93030-5219

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 01 / 2011

Transaction ID: 33628445

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 96

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr Debra Lee Stoenner

Mailing Address Box 8

City

Hayden Lake

State

ID

Zip Code

83835-0008

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
08 / 01 / 2011

Transaction ID: 33628447

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Samuel D Pierce

Mailing Address 2679 Vesclub Circle

City

Vestavia

State

AL

Zip Code

35216-1356

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
08 / 03 / 2011

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 Road

City

Bartlesville

State

OK

Zip Code

74006-7315

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
08 / 02 / 2011

Transaction ID: 33628453

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Brad F Wells

Mailing Address 110 E Norman Pl

City State Zip Code
Broken Arrow OK 74012-1941

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2011

Transaction ID: 33628454

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr Brian E Linde

Mailing Address 4518 Hiline

City State Zip Code
Billings MT 59106-4703

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2011

Transaction ID: 33628456

Amount of Each Receipt this Period
750.00

C.

Full Name (Last, First, Middle Initial)
Dr Casey M Roelfs

Mailing Address 1254 Noble Hills

City State Zip Code
Boone IA 50036-7569

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 243.36

Date of Receipt
MM / DD / YYYY
08 / 05 / 2011

Transaction ID: 33629689

Amount of Each Receipt this Period
30.42

SUBTOTAL of Receipts This Page (optional) ► **1030.42**

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

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

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

FOR LINE NUMBER: PAGE 15 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr David Edward Magnus

Mailing Address P O Box 2144

City Corrales State NM Zip Code 87048-2144

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

Name of Employer Self Employed Occupation Doctor of Optometry

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

Date of Receipt 08 / 05 / 2011
Transaction ID: 33629690
Amount of Each Receipt this Period 50.00

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

Mailing Address 119 S Cadwell

City Eagle Grove State IA Zip Code 50533-2121

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

Name of Employer Self Employed Occupation Doctor of Optometry

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

Date of Receipt 08 / 05 / 2011
Transaction ID: 33629693
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Dr Clarke D Newman

Mailing Address 7700 Greenway Blvd A-4

City Dallas State TX Zip Code 75209-7324

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 08 / 05 / 2011
Transaction ID: 33629694
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 400.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Lisa S Howard

Mailing Address 147 Glenstone Circle

City Harrogate State TN Zip Code 37752-3740

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 04 / 2011
Transaction ID: 33629732
 Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Dr Dennis W Rabe

Mailing Address 17 Shady Ln

City Auburn State IL Zip Code 62615-9460

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 04 / 2011
Transaction ID: 33629734
 Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr Micah S Mills

Mailing Address 15618 Montrose Way

City Caldwell State ID Zip Code 83607-5419

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 04 / 2011
Transaction ID: 33629736
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 96

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Thomas P Sutton

Mailing Address 5679 Sonnet Hts

City State Zip Code
Colorado Spgs CO 80918-8114

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 1 1

Transaction ID: 33629738

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr Michael J Mc Kinney

Mailing Address 1416 Kitsap Lake Road

City State Zip Code
Bremerton WA 98312-8819

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 1 1

Transaction ID: 33629739

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr Horace E Deal

Mailing Address 6 Lester Rd

City State Zip Code
Statesboro GA 30458-4786

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 1 1

Transaction ID: 33629741

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 96

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr Frederick P Darin

Mailing Address 405 Tirrell Rd

City State Zip Code
Charlotte MI 48813-2131

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 1

Transaction ID: 33636023

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Keith A Schrunk

Mailing Address 2063 Rock Branch Road

City State Zip Code
Anthon IA 51004-8150

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 1

Transaction ID: 33636024

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr Christopher J Colburn

Mailing Address 30 Winchester Rd

City State Zip Code
Lakewood NY 14750-1734

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 666.72

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 1

Transaction ID: 33636026

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

163.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Lowell C Ware

Mailing Address 131 Moon Road

City State Zip Code
Smiths Grove KY 42171-9406

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2011

Transaction ID: 33636057

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Jacqueline M Bowen

Mailing Address 3930 W 19Th St Ln

City State Zip Code
Greeley CO 80634-3446

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2011

Transaction ID: 33641153

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dr Adam P Parker

Mailing Address 10800 Rimber Cte

City State Zip Code
Glen Allen VA 23060

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2011

Transaction ID: 33641155

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **445.00**

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

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

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

FOR LINE NUMBER: PAGE 20 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Rebecca H Wartman

Mailing Address 46 Lambeth Walk

City State Zip Code
Fairview NC 28730-7721

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2011

Transaction ID: 33641157

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr Robert P Nyre

Mailing Address 2505 10Th Ave Nw

City State Zip Code
Minot ND 58703-1754

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2011

Transaction ID: 33641159

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
Dr John H Mc Dougall

Mailing Address 2445 Broadway Street

City State Zip Code
Quincy IL 62301-3257

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2011

Transaction ID: 33641677

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 490.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Stephen E Gustafson

Mailing Address 3810 Pear Glen Ct

City State Zip Code
Kingwood TX 77345-1251

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt
MM / DD / YYYY
08 / 04 / 2011

Transaction ID: 33641689

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Gary L Williams

Mailing Address 5001 Follgatter Drive

City State Zip Code
Bakersfield CA 93308

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt
MM / DD / YYYY
08 / 04 / 2011

Transaction ID: 33641697

Amount of Each Receipt this Period
365.00

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

Mailing Address 34 South 590 East

City State Zip Code
Salem UT 84653-5519

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
08 / 09 / 2011

Transaction ID: 33641814

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional) ► **910.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 96

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr David J Shippee

Mailing Address Box 307

City State Zip Code
Sherman Oaks ME 04777

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 333.28

Date of Receipt

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

Transaction ID: 33641815

Amount of Each Receipt this Period

41.66

B.

Full Name (Last, First, Middle Initial)

Dr Robert P Wooldridge

Mailing Address 1852 Aintree Ave

City State Zip Code
Draper UT 84020-7711

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt

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

Transaction ID: 33641817

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Dr Kenneth Ray Moultrie

Mailing Address 1809 Gaslight Way

City State Zip Code
Huntsville AL 35801-1555

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 380.00

Date of Receipt

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

Transaction ID: 33641819

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)

221.66

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Barbara L Horn	Date of Receipt MM / DD / YYYY 08 / 09 / 2011
	Mailing Address 61269 Coralburst Dr	Transaction ID: 33641820
	City State Zip Code Washington MI 48094-1746	Amount of Each Receipt this Period 168.18
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1327.26	

B.	Full Name (Last, First, Middle Initial) Dr Earl L Smith, III	Date of Receipt MM / DD / YYYY 08 / 09 / 2011
	Mailing Address 2009 Harvard Street	Transaction ID: 33641996
	City State Zip Code Houston TX 77008-2536	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Dr Deborah A Long	Date of Receipt MM / DD / YYYY 08 / 09 / 2011
	Mailing Address 1115 John Short Rd	Transaction ID: 33642372
	City State Zip Code Fort Mill SC 29707-7633	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	898.18
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 96
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr Paul Philippe Cote

Mailing Address 18 Little Androscoggin Drive

City Auburn State ME Zip Code 04210-8884

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 10 / 2011

Transaction ID: 33642384

Amount of Each Receipt this Period 41.67

B. Full Name (Last, First, Middle Initial)
Dr Joe Ernest Ellis

Mailing Address 179 Wood Trace

City Benton State KY Zip Code 42025-9400

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.36

Date of Receipt 08 / 10 / 2011

Transaction ID: 33642385

Amount of Each Receipt this Period 166.67

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

Mailing Address 2505 Rivermont Circle

City Kingsport State TN Zip Code 37660-2392

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 10 / 2011

Transaction ID: 33642386

Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional) ► 291.67

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 96
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr Gilbert E Pierce

Mailing Address 8639 Olenbrook Drive

City Lewis Center State OH Zip Code 43035-8702

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 10 / 2011

Transaction ID: 33642387

Amount of Each Receipt this Period 45.00

B. Full Name (Last, First, Middle Initial)
Dr Steve N Nguyen

Mailing Address 7417 Primrose Dr

City Irving State TX Zip Code 75063-5507

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 10 / 2011

Transaction ID: 33642390

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr Martha M Gallia

Mailing Address 2703 Crystal Falls

City Kingwood State TX Zip Code 77345-1302

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 09 / 2011

Transaction ID: 33642541

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 545.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 96

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Michael D Killough

Mailing Address 3005 N 6Th Street

City State Zip Code
Blytheville AR 72315-8031

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

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

Transaction ID: 33642542

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr Kristine G Verkaik

Mailing Address 679 E Key Ave

City State Zip Code
Eustis FL 32726-4638

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

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

Transaction ID: 33642543

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr Jeffrey A Sterling

Mailing Address 924 Chesapeake PI

City State Zip Code
Greenville NC 27858-6243

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

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

Transaction ID: 33642544

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Kimberly Rosent Tinge

Mailing Address 132 O'Fallon-Troy Rd

City O'Fallon State IL Zip Code 62269

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 09 / 2011
Transaction ID: 33642545
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Dr Gary Bryan Lukes

Mailing Address 506 Curtis Street
P.O. Box 10

City Spring Valley State WI Zip Code 54767-0010

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 08 / 09 / 2011
Transaction ID: 33642546
Amount of Each Receipt this Period: 400.00

C.

Full Name (Last, First, Middle Initial)
Dr David M Banford

Mailing Address 2409 15Th St Sw

City Loveland State CO Zip Code 80537-7711

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 05 / 2011
Transaction ID: 33642656
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 96

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr Arol R Augsburger

Mailing Address 3315 South Throop

City State Zip Code
Chicago IL 60608-6329

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

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

Transaction ID: 33642692

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Gregory Willard Hicks

Mailing Address 419 Bogart Road East

City State Zip Code
Sandusky OH 44870-6404

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1336.00

Date of Receipt

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

Transaction ID: 33643158

Amount of Each Receipt this Period

166.00

C.

Full Name (Last, First, Middle Initial)

Dr Gregory W Kraupa

Mailing Address 4280 Reiland Lane

City State Zip Code
Shoreview MN 55126-3127

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 294.00

Date of Receipt

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

Transaction ID: 33643159

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

708.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Robert Craig Janot	Date of Receipt MM / DD / YYYY 08 / 11 / 2011
	Mailing Address 100 Orchard Drive	Transaction ID: 33643160
	City State Zip Code Sulphur LA 70663-6268	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

B.	Full Name (Last, First, Middle Initial) Dr Nathan H Drum	Date of Receipt MM / DD / YYYY 08 / 11 / 2011
	Mailing Address 410 Slate Ledge Road	Transaction ID: 33643165
	City State Zip Code Littleton NH 03561-3419	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) Dr Rodney Alan Windhorst	Date of Receipt MM / DD / YYYY 08 / 11 / 2011
	Mailing Address 4119 Priest Point Drive Ne	Transaction ID: 33643343
	City State Zip Code Tulalip WA 98271-7335	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	491.67
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 30 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Bill L Borok

Mailing Address 10328 Nw Thompson Rd

City Portland State OR Zip Code 97229-3824

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 08 / 2011
Transaction ID: 33644259
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Dr Dorothy L Hitchmoth

Mailing Address Po Box 302
106 Davis Hill Road

City New London State NH Zip Code 03257-0302

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1494.00

Date of Receipt 08 / 08 / 2011
Transaction ID: 33644260
Amount of Each Receipt this Period 166.00

C. Full Name (Last, First, Middle Initial)
Dr Gifford Mc Bride

Mailing Address 3005 Parklawn Dr

City Midwest City State OK Zip Code 73110-3944

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 08 / 2011
Transaction ID: 33644261
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 781.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 96

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr Robert Dennis Mc Quaid		Date of Receipt MM / DD / YYYY 08 / 08 / 2011
	Mailing Address 12047 E Amherst Place		Transaction ID: 33644263
	City Aurora	State CO	Zip Code 80014-3101
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr Denise L Roddy		Date of Receipt MM / DD / YYYY 08 / 08 / 2011
	Mailing Address 13605 S 18 PI		Transaction ID: 33644265
	City Bixby	State OK	Zip Code 74008-3612
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr Steven A Bryant		Date of Receipt MM / DD / YYYY 08 / 08 / 2011
	Mailing Address 620 Cedar		Transaction ID: 33644268
	City Concordia	State KS	Zip Code 66901-2812
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr James Cooke Bieber

Mailing Address 1837 Baldrige Rd

City Columbus State OH Zip Code 43221-3811

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 08 / 2011

Transaction ID: 33644269

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
Dr Jon A Skillman

Mailing Address 3625 Treehaven Bend

City Owensboro State KY Zip Code 42303-1785

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 08 / 2011

Transaction ID: 33644274

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr Dennis M Kuwabara

Mailing Address 94-477 Holaniku Street

City Mililani State HI Zip Code 96789-1717

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 11 / 2011

Transaction ID: 33644955

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 96
(check only one)

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

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

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

Mailing Address 6436 Spotted Fawn Run

City Littleton State CO Zip Code 80125-9055

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 08 / 12 / 2011
Transaction ID: 33644957
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Dr Grant W Jones

Mailing Address 2117 Grandview Dr

City Torrington State WY Zip Code 82240-2638

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 243.36

Date of Receipt 08 / 12 / 2011
Transaction ID: 33644958
Amount of Each Receipt this Period 30.42

C. Full Name (Last, First, Middle Initial)
Dr Lynda L Jones

Mailing Address 2117 Grandview Dr

City Torrington State WY Zip Code 82240-2638

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 243.36

Date of Receipt 08 / 12 / 2011
Transaction ID: 33644959
Amount of Each Receipt this Period 30.42

SUBTOTAL of Receipts This Page (optional) ▶ 260.84

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 96
(check only one)

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

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

A.

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

Mailing Address 3 Schindler Drive

City Succasunna State NJ Zip Code 07876-1183

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 08 / 12 / 2011

Transaction ID: 33644960

Amount of Each Receipt this Period 200.00

B.

Full Name (Last, First, Middle Initial)
Dr Harlan J Vander Griend

Mailing Address 1341 Kahler Court

City Sheldon State IA Zip Code 51201-1839

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 12 / 2011

Transaction ID: 33650054

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 1602 Wildwood St Sw

City Cullman State AL Zip Code 35055-4555

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 13 / 2011

Transaction ID: 33650055

Amount of Each Receipt this Period 50.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 96

(check only one)

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

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

A.

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

Mailing Address 1728 Delaware St

City State Zip Code
Berkeley CA 94703-1327

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 1 1

Transaction ID: 33650056

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr Jeffrey David Hill

Mailing Address 126 Trey Moor Drive

City State Zip Code
Alabaster AL 35007-3150

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 1 1

Transaction ID: 33650057

Amount of Each Receipt this Period

50.00

C.

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

Mailing Address 252 Inverness Center Dr

City State Zip Code
Birmingham AL 35242-4834

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 1 1

Transaction ID: 33650058

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 96
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr Brian D Cin	Date of Receipt MM / DD / YYYY 08 / 13 / 2011
	Mailing Address 17342 Alice Loop	Transaction ID: 33650060
	City State Zip Code Eagle River AK 99577-7579	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Dr Mindy M Blackford	Date of Receipt MM / DD / YYYY 08 / 13 / 2011
	Mailing Address 2361 Shelby 210	Transaction ID: 33650062
	City State Zip Code Leonard MO 63451-2300	Amount of Each Receipt this Period 30.42
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 243.36	

C.	Full Name (Last, First, Middle Initial) Dr Carey A Patrick	Date of Receipt MM / DD / YYYY 08 / 13 / 2011
	Mailing Address 970 Patrician Court	Transaction ID: 33650063
	City State Zip Code Fairview TX 75069-8781	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	180.42
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 96

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr Markus I Barth

Mailing Address 1346 Heller Drive

City State Zip Code
Yardley PA 19067-2714

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 533.36

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 1 1

Transaction ID: 33650070

Amount of Each Receipt this Period

66.67

B.

Full Name (Last, First, Middle Initial)

Dr Heath B Gilbert

Mailing Address 5277 Split Rail

City State Zip Code
Dayton OH 45429-1962

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 273.75

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 1 1

Transaction ID: 33650072

Amount of Each Receipt this Period

91.25

C.

Full Name (Last, First, Middle Initial)

Dr Brian J Plattner

Mailing Address 917 S Market Street

City State Zip Code
Knoxville IL 61448-1299

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 680.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 1 1

Transaction ID: 33650073

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

242.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 96

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr Thomas Annunziato		Date of Receipt MM / DD / YYYY 08 / 14 / 2011
	Mailing Address 11700 Northview Dr		Transaction ID: 33650074
	City Aleido	State TX	Zip Code 76008-5223
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 666.67	

B.	Full Name (Last, First, Middle Initial) Dr Greg A Caldwell		Date of Receipt MM / DD / YYYY 08 / 14 / 2011
	Mailing Address 225 Terrace Drive		Transaction ID: 33650075
	City Lilly	State PA	Zip Code 15938-5819
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 166.67
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1166.69	

C.	Full Name (Last, First, Middle Initial) Dr Linda M Chous		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
	Mailing Address 1295 W Royal Oaks Drive		Transaction ID: 33650092
	City Shoreview	State MN	Zip Code 55126-8478
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 636.37	

SUBTOTAL of Receipts This Page (optional) ▶

340.91

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 96

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr Larry Donavon Morrison

Mailing Address Route 1 Box 235

City State Zip Code
Mahnomen MN 56589

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 1

Transaction ID: 33650093

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr Eric R Slapnicher

Mailing Address 700 Douglas Ave #310

City State Zip Code
Minneapolis MN 55403-3195

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 1

Transaction ID: 33650097

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr Mark J Hennen

Mailing Address 1613 Atwater Path

City State Zip Code
Inver Grove Height MN 55077-1201

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 1

Transaction ID: 33650098

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Vincent W Brandys, Jr

Mailing Address 998 Ascot Drive

City State Zip Code
Elgin IL 60123-6761

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1336.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2011

Transaction ID: 33650104

Amount of Each Receipt this Period
167.00

B. Full Name (Last, First, Middle Initial)
Dr David L Parker

Mailing Address 4889 Bobo Place

City State Zip Code
Olive Branch MS 38654-8223

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 277.80

Date of Receipt
MM / DD / YYYY
08 / 15 / 2011

Transaction ID: 33650105

Amount of Each Receipt this Period
55.56

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

Mailing Address 16 Pambrook Dr

City State Zip Code
Fishersville VA 22939-2123

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2011

Transaction ID: 33650106

Amount of Each Receipt this Period
41.00

SUBTOTAL of Receipts This Page (optional) ► 263.56

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Scott L Nehring	Date of Receipt MM / DD / YYYY 08 / 15 / 2011
	Mailing Address 32840 S Meridian Road	Transaction ID: 33650107
	City State Zip Code Woodburn OR 97071-8768	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

B.	Full Name (Last, First, Middle Initial) Dr Gordon Stanley Johnson	Date of Receipt MM / DD / YYYY 08 / 15 / 2011
	Mailing Address 19 Griffith Creek Drive	Transaction ID: 33650123
	City State Zip Code Greer SC 29651-2300	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Dr Mark D Pifer	Date of Receipt MM / DD / YYYY 08 / 15 / 2011
	Mailing Address 1627 Cedar Point Rd	Transaction ID: 33651031
	City State Zip Code Sandusky OH 44870-5210	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	772.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 96

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Richard W Phillips

Mailing Address 1977 Spring Hollow Lane

City State Zip Code
Germantown TN 38139-5675

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 1

Transaction ID: 33654643

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr Daniel M Bowersox

Mailing Address 5710 Valley Park Dr

City State Zip Code
Louisville KY 40299-4193

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

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

Transaction ID: 33654645

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr Neal S Jessup

Mailing Address 4018 Horsepen Mtn Drive

City State Zip Code
Vinton VA 24179-1128

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

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

Transaction ID: 33654650

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 96

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Terri A Wolf

Mailing Address 3690 Powderhorn Drive

City State Zip Code
Okemos MI 48864-5924

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

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

Transaction ID: 33656403

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr Jeffery A Saylor

Mailing Address 3605 East Winncrest Circle

City State Zip Code
Sioux Falls SD 57103-5847

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

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

Transaction ID: 33656406

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr James Michael Hermann

Mailing Address 3788 South Bank Rd

City State Zip Code
Millersport OH 43046-9519

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

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

Transaction ID: 33656430

Amount of Each Receipt this Period
240.00

SUBTOTAL of Receipts This Page (optional) ▶

740.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Karen A Griffith

Mailing Address 9060 Cypress Avenue

City State Zip Code
Cotati CA 94931-9630

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2011

Transaction ID: 33656432

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr Thomas W Hobbs

Mailing Address 13 Ne 550 Rd

City State Zip Code
Warrensburg MO 64093-7473

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2011

Transaction ID: 33656629

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Dr Ron W Roelfs

Mailing Address 1304 Shepherd Ave

City State Zip Code
Waverly IA 50677-9632

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2011

Transaction ID: 33656630

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **335.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 96
(check only one)

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

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

A.

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

Mailing Address 8190 Crossgate Ct N

City State Zip Code
Dublin OH 43017-8431

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 248.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2011

Transaction ID: 33656632

Amount of Each Receipt this Period
31.00

B.

Full Name (Last, First, Middle Initial)
Dr Stephen H Cruse

Mailing Address 2770 Pilgrim Rd

City State Zip Code
York PA 17406-2359

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2011

Transaction ID: 33663167

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr Andrew J Katz

Mailing Address 96 Pheasant Ridge

City State Zip Code
Niskayuna NY 12309-2517

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2011

Transaction ID: 33663168

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **531.00**

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

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

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

FOR LINE NUMBER: PAGE 46 / 96

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Harvey P Hanlen
Mailing Address 640 Rosslyn Rd

City State Zip Code
Boalsburg PA 16827-1902

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	1

Transaction ID: 33663169

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr William Donald Diehl
Mailing Address 3119 Dans Ct

City State Zip Code
Enid OK 73703-1510

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	1

Transaction ID: 33663174

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Robert William Moses
Mailing Address 413 Wessex Drive

City State Zip Code
Valparaiso IN 46385-7716

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	1

Transaction ID: 33663175

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Lee Ann Barrett

Mailing Address 1199 E Morgan

City Boonville State MO Zip Code 65233-1336

FEC ID number of contributing federal political committee. C

Name of Employer Missouri Optometric Association, Inc. Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 17 / 2011
Transaction ID: 33664971
 Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Dr Freddie M Mayes

Mailing Address 117 Magnolia Drive

City Central City State KY Zip Code 42330-1727

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 17 / 2011
Transaction ID: 33664975
 Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Dr Barbara L Marcussen

Mailing Address 9217 Egret Ridge

City Belmont State NC Zip Code 28012-7636

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 15 / 2011
Transaction ID: 33677435
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 600.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr Darrin P Fleming	Date of Receipt MM / DD / YYYY 08 / 15 / 2011
	Mailing Address 992 Country Club Rd Ste 101	Transaction ID: 33677444
	City State Zip Code Eugene OR 97401-6023	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr Jason A Ricks	Date of Receipt MM / DD / YYYY 08 / 18 / 2011
	Mailing Address 108 Agate Drive	Transaction ID: 33679576
	City State Zip Code Lewistown MT 59457-3202	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Dr Harue Jean Marsden	Date of Receipt MM / DD / YYYY 08 / 18 / 2011
	Mailing Address 1445 Prospect Avenue Unit D	Transaction ID: 33679578
	City State Zip Code Placentia CA 92870-3816	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.72	

SUBTOTAL of Receipts This Page (optional)	613.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Kent Hillery

Mailing Address 16448 Country Club Drive

City Peosta State IA Zip Code 52068-9710

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 18 / 2011

Transaction ID: 33679579

Amount of Each Receipt this Period 50.00

B.

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

Mailing Address 7 Broad Sound Ln

City Freeport State ME Zip Code 04032-6297

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 272.00

Date of Receipt 08 / 18 / 2011

Transaction ID: 33679580

Amount of Each Receipt this Period 32.00

C.

Full Name (Last, First, Middle Initial)
Dr Todd M Hamilton

Mailing Address 278 Falmouth Road

City Windham State ME Zip Code 04062-4815

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 271.00

Date of Receipt 08 / 18 / 2011

Transaction ID: 33679581

Amount of Each Receipt this Period 33.00

SUBTOTAL of Receipts This Page (optional) ► **115.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 96

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr Blaine A Littlefield

Mailing Address 27 Wilderness Drive

City State Zip Code
Freeport ME 04032-5824

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 271.00

Date of Receipt

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

Transaction ID: 33679582

Amount of Each Receipt this Period

33.00

B.

Full Name (Last, First, Middle Initial)

Dr Alan Joseph Mathieu

Mailing Address P O Box 132

City State Zip Code
Raymond ME 04071-0132

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 271.00

Date of Receipt

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

Transaction ID: 33679583

Amount of Each Receipt this Period

33.00

C.

Full Name (Last, First, Middle Initial)

Dr Randall Hoch

Mailing Address 206 Fox Farm Rd

City State Zip Code
Lewistown MT 59457-8696

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

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

Transaction ID: 33679585

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

316.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 96
(check only one)

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

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

A.

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

Mailing Address 7043 Olentangy River Road

City Columbus State OH Zip Code 43235-2151

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

Name of Employer The Ohio State University Occupation Optometric Educator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 16 / 2011

Transaction ID: 33684902

Amount of Each Receipt this Period 365.00

B.

Full Name (Last, First, Middle Initial)
Dr Scott M Burks

Mailing Address P O Box 1351

City Buffalo State MO Zip Code 65622-1351

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 19 / 2011

Transaction ID: 33685617

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Dr Scott M Pearl

Mailing Address 2245 Nw 142Nd Way

City Pembroke Pines State FL Zip Code 33028-2862

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 19 / 2011

Transaction ID: 33685619

Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional) ▶ **506.67**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 96

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson		Date of Receipt MM / DD / YYYY 08 / 19 / 2011		
	Mailing Address 9940 S Ashleigh Way		Transaction ID: 33685620		
	City Highlands Ranch	State CO	Zip Code 80126-4244	Amount of Each Receipt this Period 166.94	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self Employed		Occupation Doctor of Optometry		Aggregate Year-to-Date ▼ 1332.22	

B.	Full Name (Last, First, Middle Initial) Dr Susan M Brunnett		Date of Receipt MM / DD / YYYY 08 / 19 / 2011		
	Mailing Address 9940 S Ashleigh Way		Transaction ID: 33685621		
	City Highlands Ranch	State CO	Zip Code 80126-4244	Amount of Each Receipt this Period 83.47	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self Employed		Occupation Doctor of Optometry		Aggregate Year-to-Date ▼ 666.12	

C.	Full Name (Last, First, Middle Initial) Dr Paul Zerbinopoulos		Date of Receipt MM / DD / YYYY 08 / 19 / 2011		
	Mailing Address 22 Carrie Lane		Transaction ID: 33685622		
	City North Kingstown	State RI	Zip Code 02852-4138	Amount of Each Receipt this Period 40.56	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self Employed		Occupation Doctor of Optometry		Aggregate Year-to-Date ▼ 202.80	

SUBTOTAL of Receipts This Page (optional)	290.97
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Pamela J Blodgett

Mailing Address 22 Carrie Lane

City N Kingstown State RI Zip Code 02852-4138

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.80

Date of Receipt: 08 / 19 / 2011
Transaction ID: 33685623
Amount of Each Receipt this Period 40.56

B.

Full Name (Last, First, Middle Initial)
Dr Ronald Lee Hopping

Mailing Address 1801 Creekside Dr

City Friendswood State TX Zip Code 77546-7821

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1454.56

Date of Receipt: 08 / 19 / 2011
Transaction ID: 33685626
Amount of Each Receipt this Period 181.82

C.

Full Name (Last, First, Middle Initial)
Dr Desiree Tyer Hopping

Mailing Address 1801 Creekside Dr

City Friendswood State TX Zip Code 77546-7821

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1454.56

Date of Receipt: 08 / 19 / 2011
Transaction ID: 33685627
Amount of Each Receipt this Period 181.82

SUBTOTAL of Receipts This Page (optional) ► **404.20**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Kevin L Alexander	Date of Receipt MM / DD / YYYY 08 / 20 / 2011
	Mailing Address 2116 Wildwood Court	Transaction ID: 33689411
	City Fullerton State CA Zip Code 92831-1339	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Dr Curtis L Dix	Date of Receipt MM / DD / YYYY 08 / 20 / 2011
	Mailing Address 501 E. Ridgeview	Transaction ID: 33689412
	City Culver State OR Zip Code 97734-9712	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Dr Robert J Parks	Date of Receipt MM / DD / YYYY 08 / 20 / 2011
	Mailing Address 332 Sweet Allen Farm Rd	Transaction ID: 33689416
	City Wakefield State RI Zip Code 02879-1492	Amount of Each Receipt this Period 111.11
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 444.44	

SUBTOTAL of Receipts This Page (optional)	286.11
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr Michael E Bennett		Date of Receipt MM / DD / YYYY 08 / 21 / 2011
Mailing Address 4940 Victoria Place		Transaction ID: 33689433
City Guthrie	State OK	Zip Code 73044-8668
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 166.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.36	

B.

Full Name (Last, First, Middle Initial) Dr David S Hays		Date of Receipt MM / DD / YYYY 08 / 21 / 2011
Mailing Address 8720 52Nd St Ct W		Transaction ID: 33689435
City University Pl	State WA	Zip Code 98467-1758
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 672.00	

C.

Full Name (Last, First, Middle Initial) Dr Thomas L Lim		Date of Receipt MM / DD / YYYY 08 / 21 / 2011
Mailing Address 1136 Thorntree Court		Transaction ID: 33689436
City San Jose	State CA	Zip Code 95120-1740
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional)	292.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Donald W Furman

Mailing Address 855 11Th St Place

City State Zip Code
Garner IA 50438-1847

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2011

Transaction ID: 33689438

Amount of Each Receipt this Period
84.00

B.

Full Name (Last, First, Middle Initial)
Dr Jason B Rogers

Mailing Address 540 Peach Tree Circle

City State Zip Code
Gardner KS 66030-1382

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2011

Transaction ID: 33689441

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Dr Michelle L Spittler

Mailing Address 4125 Shorebrook Dr

City State Zip Code
Columbia SC 29206-2127

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2011

Transaction ID: 33689443

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **814.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 96
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr David K Talley

Mailing Address 1698 Brookside Drive

City State Zip Code
Germantown TN 38138-2531

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2011

Transaction ID: 33689451

Amount of Each Receipt this Period
85.00

B.

Full Name (Last, First, Middle Initial)
Dr Blaine F Bird

Mailing Address 2001 E 775 S

City State Zip Code
Springville UT 84663-3206

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.36

Date of Receipt
MM / DD / YYYY
08 / 22 / 2011

Transaction ID: 33689452

Amount of Each Receipt this Period
30.42

C.

Full Name (Last, First, Middle Initial)
Dr David Samuel Davis

Mailing Address 940 Sugar Springs Drive

City State Zip Code
Las Vegas NV 89110-2934

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2011

Transaction ID: 33689831

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1115.42**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Kyle R Head

Mailing Address 3031 Nw Lancaster

City State Zip Code
Lawton OK 73507

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 33689844

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr David Robert Anderson

Mailing Address 707 Williamsburg Drive

City State Zip Code
Tarboro NC 27886-3354

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 33689845

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Ann M Kautz-Markley

Mailing Address 4 Barringtonhills

City State Zip Code
Fenton MI 48430-9183

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011

Transaction ID: 33689848

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

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

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

FOR LINE NUMBER: PAGE 59 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 114 Crested Peak

City State Zip Code
Santa Teresa NM 88008-9423

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 690.88

Date of Receipt
MM / DD / YYYY
08 / 23 / 2011

Transaction ID: 33689872

Amount of Each Receipt this Period
86.36

B. Full Name (Last, First, Middle Initial)
Dr Joseph J Jordan, Jr

Mailing Address 224 Laconia Rd

City State Zip Code
Tilton NH 03276-5223

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.36

Date of Receipt
MM / DD / YYYY
08 / 23 / 2011

Transaction ID: 33689874

Amount of Each Receipt this Period
166.67

C. Full Name (Last, First, Middle Initial)
Dr Barry J Barresi

Mailing Address 659 Spyglass Summit Drive

City State Zip Code
Chesterfield MO 63017-2142

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.36

Date of Receipt
MM / DD / YYYY
08 / 23 / 2011

Transaction ID: 33689876

Amount of Each Receipt this Period
166.67

SUBTOTAL of Receipts This Page (optional) ► **419.70**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 96
(check only one)

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

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

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

A.

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

Mailing Address 3700 Essex Road

City State Zip Code
Cheyenne WY 82001-1641

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2011

Transaction ID: 33689877

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Dr Richard G Bursua

Mailing Address 3107 W Woodlawn Place

City State Zip Code
Marion IL 62959-5555

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.94

Date of Receipt
MM / DD / YYYY
08 / 23 / 2011

Transaction ID: 33689878

Amount of Each Receipt this Period
30.42

C.

Full Name (Last, First, Middle Initial)
Dr Cheryl T Stoker

Mailing Address 825 Parkway Dr

City State Zip Code
Natchitoches LA 71457-5535

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt
MM / DD / YYYY
08 / 23 / 2011

Transaction ID: 33689879

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **263.75**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Paul Anton Hodge

Mailing Address 3042 118Th Ave

City State Zip Code
Allegan MI 49010-9555

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 1 1

Transaction ID: 33689883

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Dr Chris R Deibert

Mailing Address 8 Johnson Drive

City State Zip Code
Luray VA 22835-9705

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 1 1

Transaction ID: 33689885

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Dr Elliott M Rosengarten

Mailing Address 7135 Shefford Lane

City State Zip Code
Louisville KY 40242-2854

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 1 1

Transaction ID: 33689886

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 96
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Dr Thomas E Nye

Mailing Address 42 Tabor Lane

City State Zip Code
Hamilton OH 45013-5118

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
669.10

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2011

Transaction ID: 33689887

Amount of Each Receipt this Period
82.73

B.

Full Name (Last, First, Middle Initial)
Dr Edwin F Adams, III

Mailing Address 36467 Oak Park Ave

City State Zip Code
Prairieville LA 70769-3279

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2011

Transaction ID: 33691690

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Robert J Cotter, Jr

Mailing Address 410 Hillwinds

City State Zip Code
Brattleboro VT 05301-9071

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2011

Transaction ID: 33691701

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **832.73**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr Mark A Michael		Date of Receipt MM / DD / YYYY 08 / 22 / 2011
Mailing Address 6304 W Richardson		Transaction ID: 33691702
City Pasco	State WA	Zip Code 99301-1911
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Dr Lynn E Goodwin		Date of Receipt MM / DD / YYYY 08 / 22 / 2011
Mailing Address 317 Aker Dr P O Box 6006		Transaction ID: 33691706
City Myrtle Creek	State OR	Zip Code 97457-9485
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr Steven E Eriksen		Date of Receipt MM / DD / YYYY 08 / 22 / 2011
Mailing Address 816 Lake Street South		Transaction ID: 33691709
City Kirkland	State WA	Zip Code 98033-6456
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 64 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Craig Lawrence Nielsen

Mailing Address 180 Russell Street

City Middletown State CT Zip Code 06457-4326

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 22 / 2011

Transaction ID: 33691712

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr Tara L Peterson

Mailing Address 5940 S Wright Ct

City Littleton State CO Zip Code 80127-4635

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 23 / 2011

Transaction ID: 33691875

Amount of Each Receipt this Period 250.00

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

Mailing Address 5830 N Circuit

City Beaumont State TX Zip Code 77706-4428

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1454.56

Date of Receipt 08 / 24 / 2011

Transaction ID: 33691919

Amount of Each Receipt this Period 181.82

SUBTOTAL of Receipts This Page (optional) ► 681.82

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Teresa M Seim	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 75388 Vineyard Way	Transaction ID: 33691920
	City State Zip Code Lawton MI 49065-8609	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

B.	Full Name (Last, First, Middle Initial) Dr Dennis M Brtva	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address 57 Pebblebrook Ct	Transaction ID: 33691921
	City State Zip Code Bloomington IL 61705-6300	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

C.	Full Name (Last, First, Middle Initial) Dr Dori M Carlson	Date of Receipt MM / DD / YYYY 08 / 24 / 2011
	Mailing Address P O Box 0	Transaction ID: 33691922
	City State Zip Code Park River ND 58270	Amount of Each Receipt this Period 163.64
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1345.48	

SUBTOTAL of Receipts This Page (optional)	290.64
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 96
(check only one)

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

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

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

Mailing Address 4550 Simpson Hwy 28 W

City Magee State MS Zip Code 39111-5187

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt: 08 / 24 / 2011
Transaction ID: 33691923
Amount of Each Receipt this Period: 90.00

B. Full Name (Last, First, Middle Initial)
Dr Peter V Candela

Mailing Address P O Box 614

City Blythewood State SC Zip Code 29016-0614

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt: 08 / 24 / 2011
Transaction ID: 33691924
Amount of Each Receipt this Period: 83.34

C. Full Name (Last, First, Middle Initial)
Dr Donald Lester Watson

Mailing Address 118 San Marco Drive

City Tybee Island State GA Zip Code 31328-9706

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 08 / 25 / 2011
Transaction ID: 33693919
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 223.34

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Shannon C Franklin

Mailing Address 427 Cranberry Lane

City State Zip Code
Crozet VA 22932-3160

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 1 1

Transaction ID: 33693921

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Dr Richard D Salisbury

Mailing Address P O Box 1473
11477 Main Street

City State Zip Code
Martin KY 41649-1473

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 1 1

Transaction ID: 33693923

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr Ashley K Mc Ferron

Mailing Address 5079 W Sunset Dr

City State Zip Code
Lake Oswego OR 97035-4253

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 1 1

Transaction ID: 33693925

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional) ► **341.67**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Beth A Kneib

Mailing Address 602 Nw 163Rd St

City Shoreline State WA Zip Code 98177-3727

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 25 / 2011

Transaction ID: 33693926

Amount of Each Receipt this Period 41.67

B.

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

Mailing Address 7728 Mid-Cities Blvd

City North Richland Hil State TX Zip Code 76180-4621

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 636.37

Date of Receipt 08 / 25 / 2011

Transaction ID: 33693927

Amount of Each Receipt this Period 90.91

C.

Full Name (Last, First, Middle Initial)
Dr Joe Wesley De Loach

Mailing Address 504 Edgelake Drive

City Dallas State TX Zip Code 75218-2111

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 763.00

Date of Receipt 08 / 25 / 2011

Transaction ID: 33693928

Amount of Each Receipt this Period 109.00

SUBTOTAL of Receipts This Page (optional) ► **241.58**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr John S Bowen	Date of Receipt MM / DD / YYYY 08 / 25 / 2011
	Mailing Address 2570 Northshore Blvd Ste 200	Transaction ID: 33693929
	City State Zip Code Flower Mound TX 75028-8386	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 588.00	

B.	Full Name (Last, First, Middle Initial) Dr Stacie Layne Virden	Date of Receipt MM / DD / YYYY 08 / 25 / 2011
	Mailing Address 2432 Lake Air Drive	Transaction ID: 33693930
	City State Zip Code Waco TX 76710-1611	Amount of Each Receipt this Period 90.91
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 636.37	

C.	Full Name (Last, First, Middle Initial) Dr Monica L Rechichar	Date of Receipt MM / DD / YYYY 08 / 22 / 2011
	Mailing Address 412 Olympia Road	Transaction ID: 33694789
	City State Zip Code Pittsburgh PA 15211-1308	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	424.91
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 96
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr James P Busche

Mailing Address 2 W Wilmert Lake Dr

City State Zip Code
Fairmont MN 56031-5056

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2011

Transaction ID: 33694792

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Bradley Dean Richter

Mailing Address 357 Board Rd

City State Zip Code
Mahtomedi MN 55115-1489

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2011

Transaction ID: 33694794

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Rose Marie Betz

Mailing Address 7300 N Bluff Drive

City State Zip Code
Tuscaloosa AL 35406-2608

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2011

Transaction ID: 33694799

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Albert I Lavsky

Mailing Address 4028 Stannard Dr Apt 1

City Toledo State OH Zip Code 43613-3633

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 22 / 2011

Transaction ID: 33694801

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Dr Bruce Laurence Reese

Mailing Address 2239 Autumn Drive

City Kinston State NC Zip Code 28501-7222

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 24 / 2011

Transaction ID: 33694823

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr Eugene Kwan Loc Young

Mailing Address 3905 Sierra Drive

City Honolulu State HI Zip Code 96816-3356

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 24 / 2011

Transaction ID: 33694824

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 96

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Dr Ronald Ray Foreman

Mailing Address 763 Sw Main Blvd, Ste 101

City State Zip Code
Lake City FL 32025-5794

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 1

Transaction ID: 33695002

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Susan A Driscoll

Mailing Address 717 St Dunstan Way

City State Zip Code
Winter Park FL 32792-4851

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 1

Transaction ID: 33695005

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr Richard L Talkington

Mailing Address 461 Pleasant St
P.O. Box 521

City State Zip Code
Franklin NH 03235-1885

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 850.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 1 1

Transaction ID: 33695049

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3 Pebble Hill Road

City State Zip Code
N Dewitt NY 13214

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2011

Transaction ID: 33695050

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Dr D. Cory Rath

Mailing Address 10748 Sprucedale Ave

City State Zip Code
Las Vegas NV 89144-4401

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2011

Transaction ID: 33695052

Amount of Each Receipt this Period
100.00

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

Mailing Address 822 W Barrett

City State Zip Code
Seattle WA 98119-1829

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2011

Transaction ID: 33695053

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Michael Allen Corben

Mailing Address 231 N Kenter Ave

City State Zip Code
Los Angeles CA 90049-2717

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2011

Transaction ID: 33695422

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr George W Payne, Jr

Mailing Address 104 Dogwood

City State Zip Code
Levelland TX 79336-6808

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2011

Transaction ID: 33695467

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Dr C. Garry Collins

Mailing Address 409 Royal Crossing

City State Zip Code
Franklin TN 37064-8909

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2011

Transaction ID: 33695468

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Dr Timothy H Mc Gillen</p> <p>Mailing Address 8755 Hanley Ln</p> <p>City State Zip Code Crown Point IN 46307-1544</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Self Employed Doctor of Optometry</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 08 / 24 / 2011</p> <p>Transaction ID: 33695469</p> <p>Amount of Each Receipt this Period 250.00</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Dr James W Bedsole</p> <p>Mailing Address 1723 Cogswell Avenue</p> <p>City State Zip Code Pell City AL 35125-1646</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Self Employed Doctor of Optometry</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 08 / 24 / 2011</p> <p>Transaction ID: 33695470</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr Charles Edwin Heacock</p> <p>Mailing Address 1034 Torchwood Drive</p> <p>City State Zip Code Deland FL 32724-9410</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Self Employed Doctor of Optometry</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 08 / 24 / 2011</p> <p>Transaction ID: 33695471</p> <p>Amount of Each Receipt this Period 250.00</p>
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SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Maryjane Healey

Mailing Address 6710 124Th Place Se

City Snohomish State WA Zip Code 98296-8649

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 08 / 27 / 2011

Transaction ID: 33695494

Amount of Each Receipt this Period 200.00

B.

Full Name (Last, First, Middle Initial)
Dr C. Thomas Crooks, III

Mailing Address 1229 Highland Lakes Trail

City Birmingham State AL Zip Code 35242-6886

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 27 / 2011

Transaction ID: 33695495

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Dr Larry G Obie

Mailing Address 1330 12Th Ave

City Havre State MT Zip Code 59501-5401

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 28 / 2011

Transaction ID: 33695513

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Kathryn Dingley Gurney

Mailing Address 1285 Industry Rd

City State Zip Code
Industry ME 04938-4545

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 1 1

Transaction ID: 33695515

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Dr Kevin L Gee

Mailing Address 9119 Highway 6 #200

City State Zip Code
Missouri City TX 77459-4876

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 727.28

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 1 1

Transaction ID: 33695517

Amount of Each Receipt this Period
90.91

C.

Full Name (Last, First, Middle Initial)
Dr George W Hertneky

Mailing Address 16862 County Road 28

City State Zip Code
Brush CO 80723-9424

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 1 1

Transaction ID: 33695521

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **190.91**

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

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

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

FOR LINE NUMBER: PAGE 78 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Sue E Lowe

Mailing Address 1704 Skyline Drive

City State Zip Code
Laramie WY 82070-8932

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.36

Date of Receipt
MM / DD / YYYY
08 / 28 / 2011

Transaction ID: 33695522

Amount of Each Receipt this Period
166.67

B. Full Name (Last, First, Middle Initial)
Dr Erica V Lukasko

Mailing Address 119 Constitution Dr

City State Zip Code
Lafayette LA 70503-6323

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2011

Transaction ID: 33695523

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
Dr Ron Benner

Mailing Address 1408 E Maryland

City State Zip Code
Laurel MT 59044-2238

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.36

Date of Receipt
MM / DD / YYYY
08 / 28 / 2011

Transaction ID: 33695524

Amount of Each Receipt this Period
166.67

SUBTOTAL of Receipts This Page (optional) ► **358.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Dr Neil W Draisin</p> <p>Mailing Address 21 Fairway Village Lane</p> <p>City State Zip Code Isle Of Palms SC 29451-2732</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Self Employed Doctor of Optometry</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.36</p>	<p>Date of Receipt 08 / 28 / 2011</p> <p>Transaction ID: 33695525</p> <p>Amount of Each Receipt this Period 41.67</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Dr Jennifer M Smith</p> <p>Mailing Address 141 Sea Cotton Cir</p> <p>City State Zip Code Charleston SC 29412-8296</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Self Employed Doctor of Optometry</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.36</p>	<p>Date of Receipt 08 / 28 / 2011</p> <p>Transaction ID: 33695526</p> <p>Amount of Each Receipt this Period 41.67</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Dr G. Richard Mc Guirt, Jr</p> <p>Mailing Address 1622 Bear Chene</p> <p>City State Zip Code Westlake LA 70669-4110</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Self Employed Doctor of Optometry</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00</p>	<p>Date of Receipt 08 / 28 / 2011</p> <p>Transaction ID: 33695528</p> <p>Amount of Each Receipt this Period 50.00</p>
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SUBTOTAL of Receipts This Page (optional)	133.34
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Robert G Goerss	Date of Receipt MM / DD / YYYY 08 / 28 / 2011
	Mailing Address 3120 Brookford Drive	Transaction ID: 33695530
	City State Zip Code Saint Charles MO 63303-6356	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Dr Thomas J Landry	Date of Receipt MM / DD / YYYY 08 / 28 / 2011
	Mailing Address 9 Greenridge Drive	Transaction ID: 33695531
	City State Zip Code Painted Post NY 14870-9388	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

C.	Full Name (Last, First, Middle Initial) Dr Trevor J Cleveland	Date of Receipt MM / DD / YYYY 08 / 28 / 2011
	Mailing Address 1610 Wilson Court	Transaction ID: 33695532
	City State Zip Code Eugene OR 97402-3361	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Lanny F Duclos, Jr		Date of Receipt MM / DD / YYYY 08 / 28 / 2011		
	Mailing Address 3795 Sunvalley		Transaction ID: 33695534		
	City Grantsville	State UT	Zip Code 84029-8512	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self Employed		Occupation Doctor of Optometry		Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Dr Michele R Haranin		Date of Receipt MM / DD / YYYY 08 / 28 / 2011		
	Mailing Address 301 Concord Road		Transaction ID: 33695535		
	City Dover	State DE	Zip Code 19904-9100	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self Employed		Occupation Doctor of Optometry		Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Dr William L Ratcliff		Date of Receipt MM / DD / YYYY 08 / 28 / 2011		
	Mailing Address 530 10Th Street		Transaction ID: 33695536		
	City Huntington	State WV	Zip Code 25701-2222	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self Employed		Occupation Doctor of Optometry		Aggregate Year-to-Date ▼ 252.00	

SUBTOTAL of Receipts This Page (optional)	▶	142.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Heidi L Schefferly	Date of Receipt MM / DD / YYYY 08 / 28 / 2011
	Mailing Address 4877 W Territorial Rd	Transaction ID: 33695537
	City State Zip Code Rives Junction MI 49277-9639	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed Occupation Doctor of Optometry	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Dr Jan L Cooper	Date of Receipt MM / DD / YYYY 08 / 28 / 2011
	Mailing Address 101 Chandler West	Transaction ID: 33695540
	City State Zip Code Highland CA 92346-5482	Amount of Each Receipt this Period 187.50
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed Occupation Doctor of Optometry	Aggregate Year-to-Date 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Dr Peter H Kehoe	Date of Receipt MM / DD / YYYY 08 / 28 / 2011
	Mailing Address 789 N Broad	Transaction ID: 33695541
	City State Zip Code Galesburg IL 61401-2766	Amount of Each Receipt this Period 175.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed Occupation Doctor of Optometry	Aggregate Year-to-Date 1400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	412.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr Lynn A Davis	Date of Receipt MM / DD / YYYY 08 / 28 / 2011
	Mailing Address 1424 Tiffany Lane Se	Transaction ID: 33695543
	City State Zip Code Rio Rancho NM 87124-0976	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

B.	Full Name (Last, First, Middle Initial) Dr Jeffrey W Jones	Date of Receipt MM / DD / YYYY 08 / 28 / 2011
	Mailing Address 107 Northcastle St	Transaction ID: 33695545
	City State Zip Code Longview TX 75604-3544	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

C.	Full Name (Last, First, Middle Initial) Dr Bruce D Krutsinger	Date of Receipt MM / DD / YYYY 08 / 28 / 2011
	Mailing Address 15901 Tahoe Dr	Transaction ID: 33695546
	City State Zip Code Jersey Village TX 77040-1243	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional)	250.02
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 96
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr Thomas A Lucas, Jr

Mailing Address 2023 Sandy Point Road

City State Zip Code
Harker Heights TX 76548-8680

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
MM / DD / YYYY
08 / 28 / 2011

Transaction ID: 33695547

Amount of Each Receipt this Period
83.34

B. Full Name (Last, First, Middle Initial)
Dr Mark T Mentzer

Mailing Address 2200 Blairs Ferry Crossing

City State Zip Code
Hiawatha IA 52233-7900

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2011

Transaction ID: 33695548

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
Dr John L Walters

Mailing Address 47 Mast Hill Road

City State Zip Code
Saco ME 04072-9338

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 457.13

Date of Receipt
MM / DD / YYYY
08 / 28 / 2011

Transaction ID: 33695552

Amount of Each Receipt this Period
135.71

SUBTOTAL of Receipts This Page (optional) ► **249.05**

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

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

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

FOR LINE NUMBER: PAGE 85 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Andrea P Thau

Mailing Address 145 East 84Th St Apt 11A

City State Zip Code
New York NY 10028-2058

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.36

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 1 1

Transaction ID: 33695554

Amount of Each Receipt this Period
166.67

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

Mailing Address P O Box 66

City State Zip Code
Crawford CO 81415-0066

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 1 1

Transaction ID: 33695558

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Victoria Raquel Strange

Mailing Address 1513 Washington St

City State Zip Code
Edmond OK 73034-4906

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 1 1

Transaction ID: 33696091

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **666.67**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Jerold M Wassel

Mailing Address 12212 Faulkner Dr

City State Zip Code
Owings Mills MD 21117-1257

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2011

Transaction ID: 33696093

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Dr Matt R Sullivan

Mailing Address 3217 Jack Drive

City State Zip Code
Prescott AZ 86305-4155

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 26 / 2011

Transaction ID: 33696121

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr D. Scott Bedsole

Mailing Address 204 Grosvenor Dr

City State Zip Code
Raleigh NC 27615-2046

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 26 / 2011

Transaction ID: 33696123

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Douglas C Morrow

Mailing Address 903 Midway Dr

City State Zip Code
Auburn IN 46706-1129

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2011

Transaction ID: 33696583

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr Jerry Dean West

Mailing Address 4411 Colonial Dr

City State Zip Code
Sapulpa OK 74066-9011

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2011

Transaction ID: 33696612

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr Kevin D Schmidt

Mailing Address 817 Stalcup Court

City State Zip Code
Franklin TN 37064-5046

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2011

Transaction ID: 33696613

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 96
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr Robert A Orsillo

Mailing Address 1102 Green Hill Trace

City State Zip Code
Tallahassee FL 32317-8634

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2011

Transaction ID: 33696622

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Brian J Kane

Mailing Address 6507 Derby Dr

City State Zip Code
Mayfield Village OH 44143-3420

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2011

Transaction ID: 33696623

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Louis A Spinozzi, Jr

Mailing Address 767 N White Tail Drive

City State Zip Code
Franktown CO 80116-8832

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2011

Transaction ID: 33697954

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr James H Bell		Date of Receipt
	Mailing Address 3519 Cherokee Road		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Cody	WY	82414-8435
	FEC ID number of contributing federal political committee. C		Transaction ID: 33697955
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) Dr Curtis M Simmons		Date of Receipt
	Mailing Address 109 Treetop Dr		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Santa Cruz	CA	95060-1305
	FEC ID number of contributing federal political committee. C		Transaction ID: 33698045
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>

C.	Full Name (Last, First, Middle Initial) Dr Ryan N Williams		Date of Receipt
	Mailing Address 1109 Links Rd		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Myrtle Beach	SC	29575-5879
	FEC ID number of contributing federal political committee. C		Transaction ID: 33706033
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="53096.29"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 90 / 96

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

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

<p>A. Full Name (Last, First, Middle Initial) Wachovia Federal</p> <p>Mailing Address 1650 Tyson Blvd.</p> <p>City McLean State VA Zip Code 22102</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33621359</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="694.02"/></p> <p>Bank Fee</p>
<p>B. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 790251</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement American Express Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33732474</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="144.82"/></p> <p>American Express Fee</p>
<p>C. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 790251</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33732475</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="887.71"/></p> <p>Bank Fee</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1726.55"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 91 / 96

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 790251

City State Zip Code
St. Louis MO 63179

Purpose of Disbursement
Bank Fee

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 33732476

Date of Disbursement

08 / 15 / 2011

Amount of Each Disbursement this Period

76.20

Bank Fee

SUBTOTAL of Disbursements This Page (optional)

76.20

TOTAL This Period (last page this line number only)

1802.75

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Adrian Smith For Congress

Transaction ID: 33621900

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	1

Mailing Address 3321 Avenue I
Suite 6

Amount of Each Disbursement this Period

1000.00

City State Zip Code
Scottsbluff NE 69361

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Rep. Adrian Smith

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NE District: 03

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)
Long Leaf Pine PAC

Transaction ID: 33628508

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	1

Mailing Address 426 C Street, N.E.

Amount of Each Disbursement this Period

2000.00

City State Zip Code
Washington DC 20002

Purpose of Disbursement
Committee Contribution

011

Category/
Type

Candidate Name
Long Leaf Pine PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Committee Contribution

C.

Full Name (Last, First, Middle Initial)
Jesse Jackson Jr For Congress

Transaction ID: 33643569

Date of Disbursement

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

Mailing Address P.O. Box 490286

Amount of Each Disbursement this Period

2000.00

City State Zip Code
Chicago IL 60649

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Rep. Jesse L. Jackson, Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 02

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Castor For Congress</p> <p>Mailing Address 301 W. Platt Street, #385</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Katherine Castor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 11</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33643574</p> <p>Date of Disbursement 08 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Pascrell For Congress</p> <p>Mailing Address P.O. Box 640</p> <p>City Totowa State NJ Zip Code 07511</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. William J. Pascrell, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33643575</p> <p>Date of Disbursement 08 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Perlmutter For Congress</p> <p>Mailing Address 3440 Youngfield Street #264</p> <p>City Wheat Ridge State CO Zip Code 80033</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Edwin Perlmutter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 07</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33643576</p> <p>Date of Disbursement 08 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of John Boehner</p> <p>Mailing Address 7908 Cincinnati Dayton Road Suite I</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. John A. Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33643577 Date of Disbursement 08 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Quayle For Congress</p> <p>Mailing Address 4340 Indian School Rd #21 Box 132</p> <p>City Phoenix State AZ Zip Code 85018</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Ben Quayle</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AZ District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33643578 Date of Disbursement 08 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Kirk Adams For Congress</p> <p>Mailing Address PO Box 8531</p> <p>City Mesa State AZ Zip Code 85214</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Kirk Adams</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AZ District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33643583 Date of Disbursement 08 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Friends Of Dave Reichert <hr/> Mailing Address P. O. Box 53322 <hr/> City Bellevue State WA Zip Code 98015 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Rep. David George Reichert <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33692666 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00 <hr/> Candidate Contribution
B. Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn Inc <hr/> Mailing Address PO Box 13026 <hr/> City Austin State TX Zip Code 78711 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Sen. John Cornyn <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33695811 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00 <hr/> Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

22500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Clyburn Scholarship Fund	Transaction ID: 33628972 Date of Disbursement 08 / 04 / 2011
	Mailing Address 499 South Capitol Street Suite 412	Amount of Each Disbursement this Period 10000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Contribution	012 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

B.	Full Name (Last, First, Middle Initial) Kentucky State Democratic Party Committee	Transaction ID: 33641702 Date of Disbursement 08 / 08 / 2011
	Mailing Address P O Box 694	Amount of Each Disbursement this Period 1000.00
	City Frankfort State KY Zip Code 40602	
	Purpose of Disbursement Contribution to Non Federal Account	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution to Non Feder- al Account

C.	Full Name (Last, First, Middle Initial) Beshear/Abramson 2011	Transaction ID: 33641738 Date of Disbursement 08 / 08 / 2011
	Mailing Address Box 4227	Amount of Each Disbursement this Period 1000.00
	City Frankfort State KY Zip Code 40604	
	Purpose of Disbursement KY Governor	011 Category/ Type
	Candidate Name Steven Lynn Beshear	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		KY Governor

SUBTOTAL of Disbursements This Page (optional)	▶	12000.00
TOTAL This Period (last page this line number only)	▶	12000.00