

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

Office Use Only

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

12FE4M5

American Optometric Association Political Action Committee

ADDRESS (number and street)

1505 Prince Street

Suite 300

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00024968

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(c) 12-Day

PRE-Election

Report for the:

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

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
09 01 2012

through

M M M / D D D / Y Y Y Y Y Y
09 30 2012

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

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

Signature of Treasurer

Thomas E. Nye O.D.

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 11 2012

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
09 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		683843.90
(b) Cash on Hand at Beginning of Reporting Period.....	605365.47	
(c) Total Receipts (from Line 19)	66064.45	714299.27
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	671429.92	1398143.17
7. Total Disbursements (from Line 31)	172599.36	899312.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	498830.56	498830.56
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 09 01 2012

To:

 M M / D D / Y Y Y Y
 09 30 2012
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).....

43201.92

461835.54

(ii) Unitemized

22806.26

251098.41

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

66008.18

712933.95

(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)

66008.18

712933.95

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

1000.00

17. Other Federal Receipts

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

56.27

365.32

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

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

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

66064.45

714299.27

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

66064.45

714299.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2849.36	52037.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2849.36	52037.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	169750.00	726750.00
24. Independent Expenditures (use Schedule E)	0.00	100000.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	525.00
(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	525.00
29. Other Disbursements	0.00	20000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	172599.36	899312.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	172599.36	899312.61

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	66008.18	712933.95
34. Total Contribution Refunds (from Line 28(d))	0.00	525.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	66008.18	712408.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2849.36	52037.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2849.36	52037.61

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Barbara A Scheetz

Mailing Address 28926 360Th St

City

Van Meter

State

IA

Zip Code

50261-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 01 / 2012

Transaction ID : 35198508

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr Peter Charles Dubin

Mailing Address 3397 Charleston Hwy

City

Walterboro

State

SC

Zip Code

29488-6122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

09 / 01 / 2012

Transaction ID : 35198509

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Dr Gabrielle W Marshall

Mailing Address 2463 Nw 1St St

City

Bend

State

OR

Zip Code

97701-1246

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 02 / 2012

Transaction ID : 35198518

Amount of Each Receipt this Period

50.00

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

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

200.00

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Kathleen E Powell

Mailing Address 9710 Copper Dr

City

Anchorage

State

AK

Zip Code

99507-1226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 03 / 2012

Transaction ID : 35198523

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Dr Philip J Gross

Mailing Address 46 Wintergreen Way

City

Magnolia

State

DE

Zip Code

19962-1474

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 03 / 2012

Transaction ID : 35198524

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Robert L Jarrell III

Mailing Address 50 Cedar Hill Rd Ne

City

Albuquerque

State

NM

Zip Code

87122-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

09 / 03 / 2012

Transaction ID : 35198525

Amount of Each Receipt this Period

166.67

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

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

301.67

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

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

FOR LINE NUMBER: PAGE 8 OF 121
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr George Edward Ozer

Mailing Address 2316 Meetinghouse Rd

City State Zip Code
 Upper Chichester PA 19061-3438

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 03 / 2012

Transaction ID : 35198526

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. 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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 03 / 2012

Transaction ID : 35198527

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Stanley Woo

Mailing Address 2501 Nicholson St

City State Zip Code
 Houston TX 77008-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 04 / 2012

Transaction ID : 35198532

Amount of Each Receipt this Period

250.00

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

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

400.00

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

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

FOR LINE NUMBER:
(check only one)

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jon Frederick Pederson

Mailing Address 1025 Milwaukee St

City

Denver

State

CO

Zip Code

80206-3337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 04 / 2012

Transaction ID : 35198533

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Abie R Chadderdon

Mailing Address 2005 Timberline Rd

City

Marshalltown

State

IA

Zip Code

50158-3865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.68

Date of Receipt

09 / 04 / 2012

Transaction ID : 35198534

Amount of Each Receipt this Period

333.34

Full Name (Last, First, Middle Initial)

C. Dr Harvey B Richman

Mailing Address 136 Main St

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 ▼

375.03

Date of Receipt

09 / 04 / 2012

Transaction ID : 35198535

Amount of Each Receipt this Period

41.67

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

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

425.01

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

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

FOR LINE NUMBER: PAGE 10 OF 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Clarke D Newman

Mailing Address 7700 Greenway Blvd
Apt A4

City	State	Zip Code
Dallas	TX	75209-7324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2012

Transaction ID : 35198783

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Adrian Tenorio

Mailing Address 1702 Royal Dr

City	State	Zip Code
Las Cruces	NM	88011-4926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2012

Transaction ID : 35198906

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Dr John D Coble

Mailing Address 1501 Sunset Hill Dr

City	State	Zip Code
Rockwall	TX	75087-3216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Transaction ID : 35203487

Amount of Each Receipt this Period

83.35

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

358.35

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 11 OF 121
 (check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Andrew Ray Adamich

Mailing Address Po Box 711

City	State	Zip Code
Gunnison	CO	81230-0711

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Transaction ID : 35203488

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Bradley J Jorgensen

Mailing Address N7807 Lakeshore Ln

City	State	Zip Code
Sherwood	WI	54169-9634

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Transaction ID : 35203489

Amount of Each Receipt this Period

91.25

Full Name (Last, First, Middle Initial)

C. Dr Jason A Ricks

Mailing Address 108 Agate Dr

City	State	Zip Code
Lewistown	MT	59457-3202

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Transaction ID : 35203490

Amount of Each Receipt this Period

30.42

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

171.67

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)

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Victoria Ann Blower

Mailing Address 2301 Loussac Dr

City

Anchorage

State

AK

Zip Code

99517-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2012

Transaction ID : 35206242

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

B. Dr Dennis A Swarner

Mailing Address Po Box 1669

City

Kenai

State

AK

Zip Code

99611-1669

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2012

Transaction ID : 35206244

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

C. Dr Daniel J Kosterman

Mailing Address 16420 Carla St

City

Eagle River

State

AK

Zip Code

99577-7618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2012

Transaction ID : 35206247

Amount of Each Receipt this Period

255.00

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

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

765.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jeremy M Durham

Mailing Address 1233 N Seasons Ct

City

Goddard

State

KS

Zip Code

67052-8534

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 07 / 2012

Transaction ID : 35206379

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Paul D Batson

Mailing Address 5323 Whisper Wood Dr

City

Birmingham

State

AL

Zip Code

35226-1092

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 07 / 2012

Transaction ID : 35206381

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr J Douglas Stahl

Mailing Address 8930 Sw Leslie St

City

Portland

State

OR

Zip Code

97223-6827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 05 / 2012

Transaction ID : 35207748

Amount of Each Receipt this Period

120.00

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

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

220.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Barbara L Marcussen

Mailing Address 9217 Egret Rdg

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 ▼

300.00

Date of Receipt

09 / 05 / 2012

Transaction ID : 35207750

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr Lynn D Stromness

Mailing Address 13127 Charing Way

City

Riverton

State

UT

Zip Code

84065-2202

FEC ID number of 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

09 / 05 / 2012

Transaction ID : 35207759

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Kathy Lynn Shamblin

Mailing Address 3682 Annelle Rd

City

Murfreesboro

State

TN

Zip Code

37127-8313

FEC ID number of 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

09 / 05 / 2012

Transaction ID : 35207767

Amount of Each Receipt this Period

500.00

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

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

1050.00

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

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

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(check only one)

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Lauren R Tobin

Mailing Address 1640 Nipomo Ave

City State Zip Code
Los Osos CA 93402-2916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2012

Transaction ID : 35207772

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Linda Casser

Mailing Address 21 Breyer Court

City State Zip Code
Elkins Park PA 19027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2012

Transaction ID : 35207776

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr Adam P Parker

Mailing Address 10800 Rimbey Ct

City State Zip Code
Glen Allen VA 23060-6481

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2012

Transaction ID : 35207820

Amount of Each Receipt this Period

30.00

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

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

580.00

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

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Sean Michael Stevens

Mailing Address 23 Farm Brook Way

City

Simpsonville

State

SC

Zip Code

29681-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 08 / 2012

Transaction ID : 35207821

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Rebecca H Wartman

Mailing Address 46 Lambeth Walk

City

Fairview

State

NC

Zip Code

28730-7721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

09 / 08 / 2012

Transaction ID : 35207822

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

c. Dr Terry L Kirkland

Mailing Address 4414 Barbados

City

Wichita Falls

State

TX

Zip Code

76308-4036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 08 / 2012

Transaction ID : 35207823

Amount of Each Receipt this Period

25.00

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

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

350.00

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert P Nyre

Mailing Address 2505 10Th Ave Nw

City

Minot

State

ND

Zip Code

58703-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 08 / 2012

Transaction ID : 35207824

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Dr Dawn Marie Miller

Mailing Address 3004 E Lake Hill Dr

City

Orange

State

CA

Zip Code

92867-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 08 / 2012

Transaction ID : 35207825

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Dr William Thomas Reynolds Jr

Mailing Address 200 La Rose Ct

City

Richmond

State

KY

Zip Code

40475-7855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1428.60

Date of Receipt

09 / 08 / 2012

Transaction ID : 35207827

Amount of Each Receipt this Period

190.48

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

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

255.48

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr William Drost Altig

Mailing Address 520 County Road 4856

City

Newark

State

TX

Zip Code

76071-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

09 / 09 / 2012

Transaction ID : 35207832

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Tracie M King

Mailing Address 1323 S Hanover St

City

Baltimore

State

MD

Zip Code

21230-4220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

09 / 09 / 2012

Transaction ID : 35207833

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr Victoria Ann Blower

Mailing Address 2301 Loussac Dr

City

Anchorage

State

AK

Zip Code

99517-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

09 / 09 / 2012

Transaction ID : 35207835

Amount of Each Receipt this Period

85.00

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

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

710.00

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Lynn Smith Hammonds

Mailing Address 2725 Smyer Rd

City

Vestavia

State

AL

Zip Code

35216-1026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2012

Transaction ID : 35207836

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Troy D Raber

Mailing Address 195 Masters Ln

City

Magnolia

State

DE

Zip Code

19962-1186

FEC ID number of contributing
federal political committee.

C

Name of Employer

Delaware Optometric Association

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2012

Transaction ID : 35207837

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr David A Klibanoff

Mailing Address 238 Brook St

City

Rehoboth

State

MA

Zip Code

02769-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

274.23

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2012

Transaction ID : 35207838

Amount of Each Receipt this Period

30.47

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

322.14

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Kenneth Ray Moultrie

Mailing Address 1809 Gaslight Way Ne

City State Zip Code
 Huntsville AL 35801-1555

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 09 / 2012

Transaction ID : 35207839

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Jonathan R Bundy

Mailing Address 3045 N Hozoni Rd

City State Zip Code
 Prescott AZ 86305-3992

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 09 / 2012

Transaction ID : 35207840

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Dr Catherine S Amos

Mailing Address 1957 Hoover Ct

City State Zip Code
 Birmingham AL 35226-3622

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 09 / 2012

Transaction ID : 35207842

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mira B Swiecicki

Mailing Address 664 Clark Rd

City

Bellingham

State

WA

Zip Code

98225-7842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1343.34

Date of Receipt

09 / 10 / 2012

Transaction ID : 35207852

Amount of Each Receipt this Period

222.22

Full Name (Last, First, Middle Initial)

B. Dr Brian Edward Kurtz

Mailing Address PO Box 1217

City

Columbus

State

GA

Zip Code

31902-1217

FEC ID number of 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

09 / 10 / 2012

Transaction ID : 35207854

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Dr Paul Philippe Cote

Mailing Address 18 Little Androscoggin Dr

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

09 / 10 / 2012

Transaction ID : 35207857

Amount of Each Receipt this Period

41.67

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

313.89

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Michael G Wallace

Mailing Address 3366 Ambleside Dr

City

Flushing

State

MI

Zip Code

48433-9784

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

09 / 10 / 2012

Transaction ID : 35207859

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Dr George W Veliky

Mailing Address 137 Oak Grove Ave

City

Hasbrouck Hts

State

NJ

Zip Code

07604-1225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

09 / 10 / 2012

Transaction ID : 35207860

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. Dr James R Davis

Mailing Address 2724 Surrey Ln

City

Idaho Falls

State

ID

Zip Code

83404-7143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 10 / 2012

Transaction ID : 35207861

Amount of Each Receipt this Period

45.00

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

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

129.00

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

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mark Hilton Vinson

Mailing Address 1110 S Main St

City

Mullins

State

SC

Zip Code

29574-3922

FEC ID number of 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

09 / 10 / 2012

Transaction ID : 35212108

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Paul Schroeder

Mailing Address 616 12Th St Sw

City

Le Mars

State

IA

Zip Code

51031-2265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 11 / 2012

Transaction ID : 35222161

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Dr Robert Craig Janot

Mailing Address 100 Orchard St

City

Sulphur

State

LA

Zip Code

70663-6268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

09 / 11 / 2012

Transaction ID : 35222162

Amount of Each Receipt this Period

41.67

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

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

566.67

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Andrea E Bethel

Mailing Address 1621 Terra De Sol Dr Se

City

Rio Rancho

State

NM

Zip Code

87124-8709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 11 / 2012

Transaction ID : 35222163

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Joe Ernest Ellis

Mailing Address 179 Wood Trce

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

09 / 11 / 2012

Transaction ID : 35222165

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr Julie A Toon

Mailing Address 2204 N Longwood Cir

City

Wichita

State

KS

Zip Code

67226-1157

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 11 / 2012

Transaction ID : 35222166

Amount of Each Receipt this Period

50.00

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

266.67

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 25 OF 121

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Anton Rao

Mailing Address 325 Sorghum Mill Dr

City

Cheshire

State

CT

Zip Code

06410-3048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2012

Transaction ID : 35222323

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Charles G Stevenson III

Mailing Address Po Box 1289

City

Defuniak Spgs

State

FL

Zip Code

32435-1289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2012

Transaction ID : 35222325

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Harald Vaher

Mailing Address 9217 Egret Rdg

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2012

Transaction ID : 35222326

Amount of Each Receipt this Period

1000.00

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

1500.00

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

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Roger I Jones

Mailing Address 3256 Shadewood Ter

City State Zip Code
Owensboro KY 42303-8844

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2012

Transaction ID : 35222329

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr John E Beigel

Mailing Address 1086 Fairington Dr

City State Zip Code
Sidney OH 45365-8913

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2012

Transaction ID : 35222333

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr William Allen Bordwell

Mailing Address 409 Hk Robinson Dr

City State Zip Code
Geneseo IL 61254-9589

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2012

Transaction ID : 35222342

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Paul H Cook Jr

Mailing Address Po Box 2700

City
Frisco

State
CO

Zip Code
80443-2700

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2012

Transaction ID : 35222345

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr John R Pfeifer

Mailing Address 15435 11Th Ave Sw

City
Burien

State
WA

Zip Code
98166-2111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2012

Transaction ID : 35222401

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Todd E Kimball

Mailing Address 6672 Caracol Cv

City
Salt Lake Cty

State
UT

Zip Code
84121-3458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2012

Transaction ID : 35222402

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr M. Scott Edwards

Mailing Address 101 Holly Hill Rd

City

Murfreesboro

State

NC

Zip Code

27855-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 07 / 2012

Transaction ID : 35222406

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Michelle Marie Harper

Mailing Address 10440 Ledge Rd

City

Brussels

State

WI

Zip Code

54204-9736

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2012

Transaction ID : 35222529

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dr Shane B Fontenot

Mailing Address 702 May St

City

Jennings

State

LA

Zip Code

70546-4846

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2012

Transaction ID : 35222531

Amount of Each Receipt this Period

500.00

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

1115.00

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

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr William E Lee

Mailing Address 1711 Se Hampden Rd

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

09 / 10 / 2012

Transaction ID : 35222532

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Wiley Curtis

Mailing Address 3340 Thorntree Ct

City

Arlington

State

TX

Zip Code

76016-2065

FEC ID number of 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

09 / 10 / 2012

Transaction ID : 35222534

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Francis J Barnhart

Mailing Address 1394 E Monterey Dr

City

Boise

State

ID

Zip Code

83706-5077

FEC ID number of 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

09 / 10 / 2012

Transaction ID : 35222539

Amount of Each Receipt this Period

365.00

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

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

1115.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Lori Lynn Blackmer

Mailing Address 700 Pine St

City

Picayune

State

MS

Zip Code

39466-2566

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 10 / 2012

Transaction ID : 35222549

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Edward M Kosnoski

Mailing Address 305 Kensington Ave S

City

Kent

State

WA

Zip Code

98030-7004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 12 / 2012

Transaction ID : 35224382

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Thomas Gerard Cunningham

Mailing Address 555 E Michigan Ave

City

Saline

State

MI

Zip Code

48176-1588

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 11 / 2012

Transaction ID : 35237590

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**

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Wayne A Halstrom

Mailing Address 35 Mackenzie Pl

City

Danville

State

CA

Zip Code

94526-2919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 11 / 2012

Transaction ID : 35237591

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Paul E Harvey

Mailing Address 5486 Johnson Rd

City

Canandaigua

State

NY

Zip Code

14424-8332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 11 / 2012

Transaction ID : 35237592

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Marc A Hudson

Mailing Address 460 Silver Oaks Dr

City

Harrisonburg

State

VA

Zip Code

22801-3579

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 11 / 2012

Transaction ID : 35237594

Amount of Each Receipt this Period

365.00

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

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

1115.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Kimberly Johnson Ragan

Mailing Address 108 Mullherrin Dr

City

Madison

State

MS

Zip Code

39110-4533

FEC ID number of 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

09 / 11 / 2012

Transaction ID : 35237597

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Samuel D Pierce

Mailing Address 2679 Vesclub Cir

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 ▼

1500.00

Date of Receipt

09 / 11 / 2012

Transaction ID : 35237601

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Michele Y Shade-Hinchliffe

Mailing Address 863 Scholl Rd

City

Pottstown

State

PA

Zip Code

19465-7266

FEC ID number of 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

09 / 10 / 2012

Transaction ID : 35237823

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jennifer M Karr

Mailing Address 3253 Eastridge Dr

City

Belleville

State

IL

Zip Code

62221-3421

FEC ID number of 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

09 / 10 / 2012

Transaction ID : 35237824

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Laura C Dake-Roche

Mailing Address 177 Steele Rd

City

West Hartford

State

CT

Zip Code

06119-1050

FEC ID number of 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

09 / 10 / 2012

Transaction ID : 35237826

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Dr Dorothy L Hitchmoth

Mailing Address Po Box 302

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 ▼

792.00

Date of Receipt

09 / 10 / 2012

Transaction ID : 35237828

Amount of Each Receipt this Period

88.00

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

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

703.00

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Brian D Cin

Mailing Address 17342 Alice Loop

City

Eagle River

State

AK

Zip Code

99577-7579

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2012

Transaction ID : 35238726

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Edwin Y Endo

Mailing Address 98-828 Hiliu PI

City

Aiea

State

HI

Zip Code

96701-2785

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

374.94

Date of Receipt

09 / 13 / 2012

Transaction ID : 35238727

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Dr Jeffrey David Hill

Mailing Address 126 Treymoor Dr

City

Alabaster

State

AL

Zip Code

35007-3150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2012

Transaction ID : 35238728

Amount of Each Receipt this Period

50.00

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

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

141.66

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Gilbert E Pierce

Mailing Address 8639 Olenbrook Dr

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 ▼

405.00

Date of Receipt

09 / 13 / 2012

Transaction ID : 35238729

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Dr Mark David Hansen

Mailing Address 1887 N Isett Ave

City

Muscataine

State

IA

Zip Code

52761-9747

FEC ID number of 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

09 / 13 / 2012

Transaction ID : 35238929

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr Thomas Annunziato

Mailing Address 11700 Northview Dr

City

Aledo

State

TX

Zip Code

76008-5223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1749.97

Date of Receipt

09 / 14 / 2012

Transaction ID : 35249396

Amount of Each Receipt this Period

83.33

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

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

253.33

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Greg A Caldwell

Mailing Address 225 Terrace Dr

City

State

Zip Code

Lilly

PA

15938-5819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

09 / 14 / 2012

Transaction ID : 35249397

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Markus I Barth

Mailing Address 1346 Heller Dr

City

State

Zip Code

Yardley

PA

19067-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

09 / 14 / 2012

Transaction ID : 35249399

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Dr Brian J Plattner

Mailing Address 917 S Market St

City

State

Zip Code

Knoxville

IL

61448-1299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 14 / 2012

Transaction ID : 35249400

Amount of Each Receipt this Period

85.00

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

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

293.34

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Randolph E Brooks

Mailing Address 3 Schindler Dr

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 ▼

1800.00

Date of Receipt

09 / 14 / 2012

Transaction ID : 35249402

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Sarah C Gordon

Mailing Address 252 Inverness Center Dr

City

Birmingham

State

AL

Zip Code

35242-4834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 14 / 2012

Transaction ID : 35249403

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr David Edward Magnus

Mailing Address Po 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 ▼

450.00

Date of Receipt

09 / 14 / 2012

Transaction ID : 35249404

Amount of Each Receipt this Period

50.00

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

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Kimberly D Ocampo

Mailing Address 823 6Th Ave Se

City State Zip Code
Decatur AL 35601-3021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : 35249405

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr Jeffrey A Gonnason

Mailing Address 6721 Gloucester Pl

City State Zip Code
Anchorage AK 99504-3343

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : 35249406

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

C. Dr David L Parker

Mailing Address 4889 Bobo Pl

City State Zip Code
Olive Branch MS 38654-8223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2012

Transaction ID : 35254952

Amount of Each Receipt this Period

41.67

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

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

150.67

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jennifer E Davis

Mailing Address 16 Pambrook Dr

City

Fishersville

State

VA

Zip Code

22939-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2012

Transaction ID : 35254953

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Dr Scott L Nehring

Mailing Address 32840 S Meridian Rd

City

Woodburn

State

OR

Zip Code

97071-8768

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2012

Transaction ID : 35254954

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

c. Dr Katherine M Baughman

Mailing Address 2421 E White Ave

City

Moscow

State

ID

Zip Code

83843-5097

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2012

Transaction ID : 35254957

Amount of Each Receipt this Period

30.00

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

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

113.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Randy L Andregg

Mailing Address 11368 W Hickory Hill Ct

City

Boise

State

ID

Zip Code

83713-2467

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2012

Transaction ID : 35254958

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Jared P Walker

Mailing Address 609 Diamond Dr

City

Kimberly

State

ID

Zip Code

83341-1938

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2012

Transaction ID : 35254959

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Dr Gary P Walker

Mailing Address 1733 W Wildflower Ln

City

Twin Falls

State

ID

Zip Code

83301-3691

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2012

Transaction ID : 35254960

Amount of Each Receipt this Period

30.00

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

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

101.67

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jared E Birch

Mailing Address 1202 Ashland Dr

City

Ammon

State

ID

Zip Code

83406-4574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 15 / 2012

Transaction ID : 35254961

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. Dr Raymond K Greene

Mailing Address 3207 N 22Nd St

City

Coeur D Alene

State

ID

Zip Code

83815-6321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

273.78

Date of Receipt

09 / 15 / 2012

Transaction ID : 35254962

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Dr Jessica L Peel

Mailing Address 3115 Silverwood St

City

Billings

State

MT

Zip Code

59102-0655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 15 / 2012

Transaction ID : 35254963

Amount of Each Receipt this Period

50.00

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

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

170.42

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mary Anne C Murphy

Mailing Address 16683 Cathedral Way

City

Broomfield

State

CO

Zip Code

80023-4645

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 15 / 2012

Transaction ID : 35254964

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr Ron W Roelfs

Mailing Address 1304 Shepherd Ave

City

Waverly

State

IA

Zip Code

50677-9632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

09 / 16 / 2012

Transaction ID : 35267629

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

c. Dr Michele R Haranin

Mailing Address 301 Concord Rd

City

Dover

State

DE

Zip Code

19904-9100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

09 / 16 / 2012

Transaction ID : 35267630

Amount of Each Receipt this Period

65.00

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

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

125.00

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

Use separate schedule(s)
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Detailed Summary Page

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr John G Barron

Mailing Address 1217 Tammy St

City State Zip Code
 Selma CA 93662-4344

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 16 / 2012

Transaction ID : 35267631

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Bruce L Manning

Mailing Address 487 Whitebark Cr

City State Zip Code
 Wadsworth OH 44281-2299

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 16 / 2012

Transaction ID : 35267632

Amount of Each Receipt this Period

31.00

Full Name (Last, First, Middle Initial)

C. Dr Lee Ann Barrett

Mailing Address 1199 E Morgan St

City State Zip Code
 Boonville MO 65233-1336

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : 35271284

Amount of Each Receipt this Period

50.00

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

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

131.00

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

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

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(check only one)

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Sarah J Hudson

Mailing Address 284 Richards Ave
Unit 2

City Portsmouth State NH Zip Code 03801-5238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2012

Transaction ID : 35271285

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Freddie M Mayes

Mailing Address 117 Magnolia Dr

City Central City State KY Zip Code 42330-1727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2012

Transaction ID : 35271287

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Dr Larry C Wallis

Mailing Address 20 Kentshire Ct

City Greenville State DE Zip Code 19807-2583

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2012

Transaction ID : 35271289

Amount of Each Receipt this Period

50.00

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

225.00

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

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

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for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr James T Koch

Mailing Address 5009 Briar Cliff Ct

City

Panora

State

IA

Zip Code

50216-8617

FEC ID number of 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

09 / 13 / 2012

Transaction ID : 35278754

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr John W Weihe

Mailing Address 280 Auburn Hills Dr

City

Coralville

State

IA

Zip Code

52241-3326

FEC ID number of 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

09 / 13 / 2012

Transaction ID : 35278755

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dr Donovan L Crouch

Mailing Address 701 Winthrop Cir

City

Storm Lake

State

IA

Zip Code

50588-2747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

09 / 13 / 2012

Transaction ID : 35278756

Amount of Each Receipt this Period

333.34

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

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

1063.34

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Fred R DeHaan

Mailing Address 3110 Leona Dr

City

Storm Lake

State

IA

Zip Code

50588-2751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

09 / 13 / 2012

Transaction ID : 35278757

Amount of Each Receipt this Period

333.33

Full Name (Last, First, Middle Initial)

B. Dr Craig Donovan Crouch

Mailing Address 100 Grand Ave

City

Storm Lake

State

IA

Zip Code

50588-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

09 / 13 / 2012

Transaction ID : 35278758

Amount of Each Receipt this Period

333.33

Full Name (Last, First, Middle Initial)

C. Dr Scott Alan Bowker

Mailing Address 1618 Northwood Dr

City

Denison

State

IA

Zip Code

51442-1084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 13 / 2012

Transaction ID : 35278759

Amount of Each Receipt this Period

300.00

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

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

966.66

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert Neal Williams Jr

Mailing Address 1109 Links Rd

City

Myrtle Beach

State

SC

Zip Code

29575-5879

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 14 / 2012

Transaction ID : 35278762

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Kenneth R Hansen

Mailing Address 433 Se Sharon Dr

City

Ankeny

State

IA

Zip Code

50021-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 13 / 2012

Transaction ID : 35278769

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dr Gregory M O'Connor

Mailing Address 26202 Fairside Rd

City

Malibu

State

CA

Zip Code

90265-2925

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 14 / 2012

Transaction ID : 35278781

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)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jeffrey S Wigton

Mailing Address 217 Teakwood Rd

City

State

Zip Code

Butler

PA

16001-1973

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 14 / 2012

Transaction ID : 35278783

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Kurt G Alleman

Mailing Address 1867 Sawyer Way

City

State

Zip Code

Elko

NV

89801-2670

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 14 / 2012

Transaction ID : 35278790

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Robert A Colon

Mailing Address 160 Fir St

City

State

Zip Code

Elko

NV

89801-3024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 14 / 2012

Transaction ID : 35278791

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Walter Lee Ball Jr

Mailing Address 10010 Relle Rive Blvd #1802

City State Zip Code
 Jacksonville FL 32256

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 14 / 2012

Transaction ID : 35278799

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Kent C Comolli

Mailing Address 1911 Vine St

City State Zip Code
 Brownwood TX 76801-4515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 14 / 2012

Transaction ID : 35278802

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Hulon Houston Pass

Mailing Address 1901 Sunset St

City State Zip Code
 Fort Stockton TX 79735-2511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 14 / 2012

Transaction ID : 35278803

Amount of Each Receipt this Period

500.00

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

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

1115.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 121
(check only one)

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Steven J Davis

Mailing Address 2370 Hood Place

City State Zip Code
Walla Walla WA 99362-1565

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : 35278804

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr Michael J Cymbor

Mailing Address 117 Brothers Ct

City State Zip Code
Port Matilda PA 16870-7134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : 35278819

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Michael A Campbell

Mailing Address 70 Widewater Rd

City State Zip Code
Hilton Head SC 29926-2064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : 35278821

Amount of Each Receipt this Period

500.00

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

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

1050.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Elliott Joseph Klonsky

Mailing Address 11704 Auth Ln

City

Silver Spring

State

MD

Zip Code

20902-1645

FEC ID number of 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

09 / 12 / 2012

Transaction ID : 35278829

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Harue Jean Marsden

Mailing Address 1445 Prospect Ave
Unit D

City

Placentia

State

CA

Zip Code

92870-3816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1416.46

Date of Receipt

09 / 18 / 2012

Transaction ID : 35281400

Amount of Each Receipt this Period

194.40

Full Name (Last, First, Middle Initial)

C. Dr Movses D'Janbatian

Mailing Address 1435 Stanley Ave #217

City

Glendale

State

CA

Zip Code

91206-3987

FEC ID number of 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

09 / 18 / 2012

Transaction ID : 35281401

Amount of Each Receipt this Period

500.00

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

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

944.40

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Philip Dunne Flynn

Mailing Address 122 Palmetto Hall Dr

City

Lexington

State

SC

Zip Code

29072-7894

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 19 / 2012

Transaction ID : 35293550

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Mitchell Todd Munson

Mailing Address 9940 Ashleigh Way

City

Highlands Ranch

State

CO

Zip Code

80126-4244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1502.46

Date of Receipt

09 / 19 / 2012

Transaction ID : 35293551

Amount of Each Receipt this Period

166.94

Full Name (Last, First, Middle Initial)

c. Dr Paul Zerbinopoulos

Mailing Address 22 Carrie Ln

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 ▼

273.78

Date of Receipt

09 / 19 / 2012

Transaction ID : 35293552

Amount of Each Receipt this Period

30.42

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

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

322.36

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Pamela J Blodgett

Mailing Address 22 Carrie Ln

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 ▼

273.78

Date of Receipt

09 / 19 / 2012

Transaction ID : 35293553

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Dr Michael Bacigalupi

Mailing Address 622 Se 13Th St

City

Ft Lauderdale

State

FL

Zip Code

33316-2023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

09 / 19 / 2012

Transaction ID : 35293554

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. 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 ▼

1500.03

Date of Receipt

09 / 19 / 2012

Transaction ID : 35293556

Amount of Each Receipt this Period

166.67

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

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

227.51

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

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

FOR LINE NUMBER: PAGE 54 OF 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 19 / 2012

Transaction ID : 35293557

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Scott M Burks

Mailing Address Po 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 19 / 2012

Transaction ID : 35293560

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Susan M Brunnett

Mailing Address 9940 Ashleigh Way

City

Highlands Ranch

State

CO

Zip Code

80126-4244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.82

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 19 / 2012

Transaction ID : 35293561

Amount of Each Receipt this Period

333.06

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

599.73

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 55 OF 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert J Parks

Mailing Address 86 Darlene Drive

City

Wakefield

State

RI

Zip Code

02879-8307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2012

Transaction ID : 35294981

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

B. Dr Wayne Maltz

Mailing Address 10801 Valley Hills Dr

City

Houston

State

TX

Zip Code

77071-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2012

Transaction ID : 35294984

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Marc Robert Bloomenstein

Mailing Address 5101 E Calavar Rd

City

Scottsdale

State

AZ

Zip Code

85254-2869

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2012

Transaction ID : 35294986

Amount of Each Receipt this Period

100.00

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

231.25

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Kevin L Alexander

Mailing Address 2116 Wildwood Ct

City

Fullerton

State

CA

Zip Code

92831-1339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 20 / 2012

Transaction ID : 35294987

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr David S Hays

Mailing Address 8720 52Nd Street Ct W

City

University Pl

State

WA

Zip Code

98467-1758

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

09 / 21 / 2012

Transaction ID : 35301040

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

C. Dr Donald W Furman

Mailing Address 855 11Th Street Pl

City

Garner

State

IA

Zip Code

50438-1847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

09 / 21 / 2012

Transaction ID : 35301041

Amount of Each Receipt this Period

84.00

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

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

218.00

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Paul L Gustafson

Mailing Address 159 Sunflower St

City

Casper

State

WY

Zip Code

82604-3805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2012

Transaction ID : 35301043

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Dr Thomas L Lim

Mailing Address 1136 Thorntree Court

City

San Jose

State

CA

Zip Code

95120-1740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2012

Transaction ID : 35301044

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Dr Marty S Traylor

Mailing Address 4304 Wood Trce

City

Owensboro

State

KY

Zip Code

42303-2274

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2012

Transaction ID : 35301045

Amount of Each Receipt this Period

125.00

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

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

201.67

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

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Kent Hillery

Mailing Address 16448 Country Club Dr

City State Zip Code
 Peosta IA 52068-9710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 21 / 2012

Transaction ID : 35301046

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Mary Lynn Gregory

Mailing Address 3332 120Th Ave

City State Zip Code
 Clear Lake MN 55319-9506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.40

Date of Receipt

09 / 21 / 2012

Transaction ID : 35301047

Amount of Each Receipt this Period

54.55

Full Name (Last, First, Middle Initial)

C. Dr Jennifer L Planitz

Mailing Address 3537 Newcastle Dr Se

City State Zip Code
 Rio Rancho NM 87124-3672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3636.40

Date of Receipt

09 / 21 / 2012

Transaction ID : 35301048

Amount of Each Receipt this Period

454.55

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

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

559.10

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Rose Marie Betz

Mailing Address 7300 N Bluff Dr

City

Tuscaloosa

State

AL

Zip Code

35406-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 18 / 2012

Transaction ID : 35301070

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr David W Wineland

Mailing Address 8400 Concord Rd

City

Johnstown

State

OH

Zip Code

43031-8154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

09 / 18 / 2012

Transaction ID : 35301071

Amount of Each Receipt this Period

127.25

Full Name (Last, First, Middle Initial)

C. Dr Matthew J Maki

Mailing Address 135 W Church St

City

Williamston

State

MI

Zip Code

48895-1119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 22 / 2012

Transaction ID : 35301628

Amount of Each Receipt this Period

25.00

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

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

252.25

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr David K Talley

Mailing Address 1698 Brookside Dr

City

Germantown

State

TN

Zip Code

38138-2531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 22 / 2012

Transaction ID : 35301630

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Dr Blaine F Bird

Mailing Address 2001 E 775 S

City

Springville

State

UT

Zip Code

84663-3206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

09 / 22 / 2012

Transaction ID : 35301631

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Dr Charles Richard Gilliam

Mailing Address 515 Dorado Dr

City

High Point

State

NC

Zip Code

27265-8670

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 22 / 2012

Transaction ID : 35301632

Amount of Each Receipt this Period

125.00

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

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

240.42

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Steven C Ezzell

Mailing Address 649 Matthew Ct

City State Zip Code
 Abilene TX 79602-5246

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 22 2012

Transaction ID : 35301633

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Joseph J Jordan Jr

Mailing Address 971 Suncook Valley Rd

City State Zip Code
 Alton NH 03809-5212

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

M M / D D / Y Y Y Y Y
 09 23 2012

Transaction ID : 35301646

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. 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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 23 2012

Transaction ID : 35301649

Amount of Each Receipt this Period

50.00

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

316.67

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

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Chris R Deibert

Mailing Address 8 Johnson Dr

City State Zip Code
Luray VA 22835-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 23 2012

Transaction ID : 35301651

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Jeff A Hayden

Mailing Address 679 Plumtree Ln

City State Zip Code
Fenton MI 48430-4207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 23 2012

Transaction ID : 35301652

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Dr Barry J Barresi

Mailing Address 659 Spyglass Summit Dr

City State Zip Code
Chesterfield MO 63017-2142

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

M M / D D / Y Y Y Y Y
09 23 2012

Transaction ID : 35301653

Amount of Each Receipt this Period

166.67

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

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

316.67

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Leon Michael Favede

Mailing Address 250 Harbel Dr

City State Zip Code
 St Clairsville OH 43950-1081

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 24 / 2012

Transaction ID : 35301681

Amount of Each Receipt this Period

126.00

Full Name (Last, First, Middle Initial)

B. Dr Dori M Carlson

Mailing Address 121 Briggs Ave N

City State Zip Code
 Park River ND 58270-4507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1472.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 24 / 2012

Transaction ID : 35301682

Amount of Each Receipt this Period

163.64

Full Name (Last, First, Middle Initial)

C. Dr Steven Thomas Reed

Mailing Address 4550 Simpson Highway 28 W

City State Zip Code
 Magee MS 39111-5187

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 24 / 2012

Transaction ID : 35301683

Amount of Each Receipt this Period

90.00

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

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

379.64

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jacqueline M Bowen

Mailing Address 3930 W 19Th Street Ln

City State Zip Code
 Greeley CO 80634-3446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 24 / 2012

Transaction ID : 35301685

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Robert E Prouty

Mailing Address 8886 N Awl Rd

City State Zip Code
 Parker CO 80138-6840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 24 / 2012

Transaction ID : 35301691

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Peter V Candela

Mailing Address Po Box 614

City State Zip Code
 Blythewood SC 29016-0614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

766.72

Date of Receipt

09 / 24 / 2012

Transaction ID : 35301693

Amount of Each Receipt this Period

100.00

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

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

250.00

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

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert M Theaker

Mailing Address 12 Wyndemere Vale

City

Monterey

State

CA

Zip Code

93940-5811

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

09 / 25 / 2012

Transaction ID : 35303229

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Shannon C Franklin

Mailing Address 427 Cranberry Ln

City

Crozet

State

VA

Zip Code

22932-3160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 25 / 2012

Transaction ID : 35303230

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.03

Date of Receipt

09 / 25 / 2012

Transaction ID : 35303232

Amount of Each Receipt this Period

41.67

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

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

591.67

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mario Joseph Contaldi

Mailing Address 7728 Mid Cities Blvd

City

N Richlnd Hls

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 ▼

818.19

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : 35303233

Amount of Each Receipt this Period

90.91

Full Name (Last, First, Middle Initial)

B. Dr Joe Wesley De Loach

Mailing Address 504 Edgelake Dr

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 ▼

981.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : 35303234

Amount of Each Receipt this Period

109.00

Full Name (Last, First, Middle Initial)

C. Dr John S Bowen

Mailing Address 2570 Northshore Blvd
Ste 200

City

Flower Mound

State

TX

Zip Code

75028-8386

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : 35303235

Amount of Each Receipt this Period

84.00

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

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

283.91

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

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for each category of the
Detailed Summary Page

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Stacie Layne Virden

Mailing Address 4324 Green Point Dr

City

Waco

State

TX

Zip Code

76710-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.19

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2012

Transaction ID : 35303236

Amount of Each Receipt this Period

90.91

Full Name (Last, First, Middle Initial)

B. Dr Ashley K Mc Ferron

Mailing Address 5079 W Sunset Dr

City

Lake Oswego

State

OR

Zip Code

97035-4253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2012

Transaction ID : 35303237

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Dr Charles K Atwell

Mailing Address 238 Chasse Cir

City

St Charles

State

IL

Zip Code

60174-1418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2012

Transaction ID : 35303238

Amount of Each Receipt this Period

42.00

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

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

174.58

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Christopher L Eddy

Mailing Address 6306 Buchanan St

City

Fort Collins

State

CO

Zip Code

80525-5810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

748.00

Date of Receipt

09 / 25 / 2012

Transaction ID : 35303239

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. Dr Rustin M Hatch

Mailing Address 1425 Evergreen Dr

City

Twin Falls

State

ID

Zip Code

83301-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.98

Date of Receipt

09 / 25 / 2012

Transaction ID : 35303240

Amount of Each Receipt this Period

53.33

Full Name (Last, First, Middle Initial)

C. Dr David M Redman

Mailing Address 795 Foxhill Cir

City

Hollister

State

CA

Zip Code

95023-9747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

09 / 25 / 2012

Transaction ID : 35303241

Amount of Each Receipt this Period

41.67

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

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

179.00

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr Jonathan F Hymes

Mailing Address 1505 Prince Street
Suite 300

City State Zip Code
Alexandria VA 22314-2874

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Optometric Association

Occupation
Director Washington Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : 35303242

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Robert L Owens

Mailing Address 8 Century Ln

City State Zip Code
Newmanstown PA 17073-8982

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : 35303243

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. 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
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : 35303244

Amount of Each Receipt this Period

83.33

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

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

233.33

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mamie Cassandra Chan

Mailing Address 13713 Vic Rd Ne

City

Albuquerque

State

NM

Zip Code

87112-6602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 25 / 2012

Transaction ID : 35303247

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Arol R Augsburg

Mailing Address 3315 S Throop St

City

Chicago

State

IL

Zip Code

60608-6329

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 25 / 2012

Transaction ID : 35304617

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Richard L Talkington

Mailing Address Po Box 521

City

Franklin

State

NH

Zip Code

03235-0521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 26 / 2012

Transaction ID : 35304903

Amount of Each Receipt this Period

100.00

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

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

650.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Pamela E Theriot

Mailing Address 612 University Ave

City

Syracuse

State

NY

Zip Code

13210-1807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 26 / 2012

Transaction ID : 35304904

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr D. Cory Rath

Mailing Address 10748 Sprucedale Ave

City

Las Vegas

State

NV

Zip Code

89144-4401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 26 / 2012

Transaction ID : 35304905

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Robert Carl Layman

Mailing Address 4937 Homerdale Ave

City

Toledo

State

OH

Zip Code

43623-2930

FEC ID number of 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

09 / 26 / 2012

Transaction ID : 35304907

Amount of Each Receipt this Period

500.00

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

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

650.00

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Audie M Teague Jr

Mailing Address 105 Friar Tuck Ln

City

Prescott

State

AR

Zip Code

71857-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

09 / 26 / 2012

Transaction ID : 35304908

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. Dr Kenneth C Gatson

Mailing Address 2303 S Bay St

City

Eustis

State

FL

Zip Code

32726-6360

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 19 / 2012

Transaction ID : 35317774

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Grant D Gwinner

Mailing Address Po Box 339

City

Ellsworth

State

KS

Zip Code

67439-0339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 19 / 2012

Transaction ID : 35317777

Amount of Each Receipt this Period

250.00

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

584.00

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

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr James D Jaco

Mailing Address 3355 Wadesboro Rd S

City

Benton

State

KY

Zip Code

42025-4833

FEC ID number of 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

09 / 19 / 2012

Transaction ID : 35317780

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr C. Thomas Crooks III

Mailing Address 1229 Highland Lakes Trl

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 ▼

450.00

Date of Receipt

09 / 27 / 2012

Transaction ID : 35318162

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Thomas E Nye

Mailing Address 42 Tabor Ln

City

Hamilton

State

OH

Zip Code

45013-5118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 27 / 2012

Transaction ID : 35318163

Amount of Each Receipt this Period

100.00

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

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

400.00

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

Use separate schedule(s)
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Detailed Summary Page

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Maryjane Healey

Mailing Address 6710 124Th PI 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : 35318164

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Melissa A Dacumos

Mailing Address 833 Sw 346Th St

City

Federal Way

State

WA

Zip Code

98023-8422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : 35318547

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Kevin L Gee

Mailing Address 9119 Highway 6
Ste 200

City

Missouri City

State

TX

Zip Code

77459-4876

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

818.19

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 35318548

Amount of Each Receipt this Period

90.91

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

390.91

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Lillian T Kalaczinski

Mailing Address 7421 Treeline Dr Se

City

Grand Rapids

State

MI

Zip Code

49546-7465

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 35318549

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr Sue E Lowe

Mailing Address 1704 Skyline Rd

City

Laramie

State

WY

Zip Code

82070-8932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 35318550

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr Erica V Lukasko

Mailing Address 119 Constitution Dr

City

Lafayette

State

LA

Zip Code

70503-6323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 35318551

Amount of Each Receipt this Period

25.00

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

216.67

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

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

Use separate schedule(s)
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Detailed Summary Page

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Ron Benner

Mailing Address 1408 E Maryland Ln

City State Zip Code
 Laurel MT 59044-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 28 2012

Transaction ID : 35318552

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Neil W Draisin

Mailing Address 21 Fairway Village Ln

City State Zip Code
 Isle Of Palms SC 29451-2732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 28 2012

Transaction ID : 35318553

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Dr Jennifer M Zolman

Mailing Address 141 Sea Cotton Cir

City State Zip Code
 Charleston SC 29412-8296

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 28 2012

Transaction ID : 35318554

Amount of Each Receipt this Period

41.67

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

250.01

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

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

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert G Goerss

Mailing Address 3120 Brookford Dr

City

Saint Charles

State

MO

Zip Code

63303-6356

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 35318556

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Thomas J Landry

Mailing Address 9 Greenridge Dr

City

Painted Post

State

NY

Zip Code

14870-9388

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 35318557

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Trevor J Cleveland

Mailing Address 1610 Wilson Ct

City

Eugene

State

OR

Zip Code

97402-3361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 35318558

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Lanny F Duclos Jr

Mailing Address 3795 Sun Valley Dr

City

Grantsville

State

UT

Zip Code

84029-8512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 28 / 2012

Transaction ID : 35318559

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Craig M Brammer

Mailing Address Po Box 487

City

Crowley

State

LA

Zip Code

70527-0487

FEC ID number of 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

09 / 28 / 2012

Transaction ID : 35318560

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr William L Ratcliff

Mailing Address 530 10Th St

City

Huntington

State

WV

Zip Code

25701-2222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 28 / 2012

Transaction ID : 35318561

Amount of Each Receipt this Period

42.00

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

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

342.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jan L Cooper

Mailing Address 101 Chandler W

City

Highland

State

CA

Zip Code

92346-5482

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 35318563

Amount of Each Receipt this Period

187.50

Full Name (Last, First, Middle Initial)

B. Dr Peter H Kehoe

Mailing Address 789 N Broad St

City

Galesburg

State

IL

Zip Code

61401-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 35318564

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

c. Dr Lynn A Davis

Mailing Address 6546 Jacal Ct Nw

City

Albuquerque

State

NM

Zip Code

87114-6120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 35318565

Amount of Each Receipt this Period

83.34

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

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

445.84

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 121
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mark T Mentzer

Mailing Address 2200 Blairsferry Crossing

City State Zip Code
 Hiawatha IA 52233-7900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : 35318568

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Dr Dean E Riskedahl

Mailing Address 2092 32Nd Ave Ne

City State Zip Code
 Issaquah WA 98029-7349

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : 35318569

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Dr Bill Craig Thompson

Mailing Address 2905 Champlin Ct

City State Zip Code
 Richardson TX 75082-4094

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : 35318570

Amount of Each Receipt this Period

250.00

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

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

305.00

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

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

FOR LINE NUMBER: PAGE 81 OF 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Blaine G Zieman

Mailing Address 2400 32Nd Ave S

City

Fargo

State

ND

Zip Code

58103-5800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 35318571

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Dr Hilaire A PressleyMailing Address 8635 W Sahara Ave
Pmb 443

City

Las Vegas

State

NV

Zip Code

89117-5858

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 35318572

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Dr John L Walters

Mailing Address 47 Mast Hill Rd

City

Saco

State

ME

Zip Code

04072-9338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

425.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 35318573

Amount of Each Receipt this Period

37.00

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

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

172.00

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

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

FOR LINE NUMBER: PAGE 82 OF 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Andrea P Thau

Mailing Address 145 E 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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 35318574

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Paul W Bohac

Mailing Address 5775 Wyncliff Rd

City State Zip Code
N Charleston SC 29418-5220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.06

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 35318576

Amount of Each Receipt this Period

33.34

Full Name (Last, First, Middle Initial)

c. Dr Douglas J Walker

Mailing Address Po Box 988

City State Zip Code
Brookings OR 97415-0021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 35318578

Amount of Each Receipt this Period

25.00

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

225.01

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert A Sorensen

Mailing Address 11528 N Avondale Loop

City State Zip Code
 Hayden ID 83835-9142

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : 35318580

Amount of Each Receipt this Period

126.00

Full Name (Last, First, Middle Initial)

B. Dr Michael J Veliky

Mailing Address 787 Pony Trail

City State Zip Code
 Franklin Lakes NJ 07417-1549

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : 35318582

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Michelle A Broderick

Mailing Address 7 Broad Sound Ln

City State Zip Code
 Freeport ME 04032-6297

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : 35318583

Amount of Each Receipt this Period

32.00

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

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

208.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Blaine A Littlefield

Mailing Address 27 Wilderness Dr

City

State

Zip Code

Freeport

ME

04032-5824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.00

Date of Receipt

09 / 28 / 2012

Transaction ID : 35318584

Amount of Each Receipt this Period

33.00

Full Name (Last, First, Middle Initial)

B. Dr Alan Joseph Mathieu

Mailing Address Po Box 132

City

State

Zip Code

Raymond

ME

04071-0132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

09 / 28 / 2012

Transaction ID : 35318585

Amount of Each Receipt this Period

32.00

Full Name (Last, First, Middle Initial)

c. Dr Todd M Hamilton

Mailing Address 278 Falmouth Rd

City

State

Zip Code

Windham

ME

04062-4815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

09 / 28 / 2012

Transaction ID : 35318586

Amount of Each Receipt this Period

32.00

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

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

97.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Thomas A Lucas Jr

Mailing Address 2023 Sandy Point Rd

City

Harker Hts

State

TX

Zip Code

76548-8680

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

09 / 28 / 2012

Transaction ID : 35318587

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

1800.00

Date of Receipt

09 / 28 / 2012

Transaction ID : 35318588

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

c. Dr Kathleen E Goff

Mailing Address 114 Crested Peak Ct

City

Santa Teresa

State

NM

Zip Code

88008-9423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

753.08

Date of Receipt

09 / 28 / 2012

Transaction ID : 35318589

Amount of Each Receipt this Period

83.34

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

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

483.34

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

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

FOR LINE NUMBER: PAGE 86 OF 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Richard C Edlow

Mailing Address 8913 Griffin Way

City

Baltimore

State

MD

Zip Code

21208-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

728.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 35318590

Amount of Each Receipt this Period

91.00

Full Name (Last, First, Middle Initial)

B. Dr Carey A Patrick

Mailing Address 970 Patrician Ct

City

Fairview

State

TX

Zip Code

75069-8781

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 35318592

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Dr Derek J Louie

Mailing Address 5079 W Sunset Drive

City

Lake Oswego

State

OR

Zip Code

97035-4253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 35318593

Amount of Each Receipt this Period

42.00

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

233.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Steven Leon Haleo

Mailing Address 458 Cranborne Chase

City

Fort Mill

State

SC

Zip Code

29708-7922

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.42

Date of Receipt

09 / 28 / 2012

Transaction ID : 35318599

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Dr John Allen Godfrey

Mailing Address 328 Manor Rd

City

Harleysville

State

PA

Zip Code

19438-1954

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 26 / 2012

Transaction ID : 35318676

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Jeffrey R Thomas

Mailing Address 5405 87Th Pl

City

Pleasant Pr

State

WI

Zip Code

53158-3225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 26 / 2012

Transaction ID : 35318681

Amount of Each Receipt this Period

125.00

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

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

655.42

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr James L Boccuzzi

Mailing Address 689 Mansfield City Rd

City

Storrs Mansfield

State

CT

Zip Code

06268-2728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 28 / 2012

Transaction ID : 35318688

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Michael E Bennett

Mailing Address 4940 Victoria Pl

City

Guthrie

State

OK

Zip Code

73044-8668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

09 / 28 / 2012

Transaction ID : 35318831

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr Norman C Johnson

Mailing Address 154 Willow Cove Dr

City

Scottsboro

State

AL

Zip Code

35769-6222

FEC ID number of 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

09 / 28 / 2012

Transaction ID : 35330071

Amount of Each Receipt this Period

250.00

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

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

916.67

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

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

FOR LINE NUMBER: PAGE 89 OF 121

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr John Gilliland Rosten

Mailing Address 945 Jeffrey Ln

City State Zip Code
Dixon CA 95620-2630

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 35330092

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr John L Brinkley

Mailing Address 90 Hollenbeck Rd

City State Zip Code
Irmo SC 29063-8076

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 35330093

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Brett M Howell

Mailing Address 8170 Silverado Rd

City State Zip Code
Claremore OK 74019-7517

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 35330096

Amount of Each Receipt this Period

120.00

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

870.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Michael J Lyons

Mailing Address 400 E Sharon Rd

City

Cincinnati

State

OH

Zip Code

45246-4652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 35330097

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Brian E Bleiler

Mailing Address 1875 Pertl Rd

City

Odessa

State

NY

Zip Code

14869-9732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : 35330242

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Michael A Campbell

Mailing Address 70 Widewater Rd

City

Hilton Head

State

SC

Zip Code

29926-2064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2012

Transaction ID : 35330245

Amount of Each Receipt this Period

100.00

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 91 OF 121
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Elliot M Kirstein

Mailing Address 9831 Orchard Club Dr

City State Zip Code
 Montgomery OH 45242-4467

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : 35330257

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr B. Scott Fine

Mailing Address 170 Heatherstone Ln

City State Zip Code
 Rochester NY 14618-4866

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : 35330263

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Patti S Fuhr

Mailing Address 5720 11Th Ave S

City State Zip Code
 Birmingham AL 35222-4136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : 35330265

Amount of Each Receipt this Period

30.00

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

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

645.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Delbert Oman

Mailing Address 8 W 218 S

City
Burley

State
ID

Zip Code
83318-5759

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 25 / 2012

Transaction ID : 35330266

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Eric B Pierce

Mailing Address 1940 Oakley Ave

City
Burley

State
ID

Zip Code
83318-2415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 25 / 2012

Transaction ID : 35330267

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Michael J Haynes

Mailing Address 1460 Avant Rd

City
West Monroe

State
LA

Zip Code
71291-7500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

09 / 25 / 2012

Transaction ID : 35330270

Amount of Each Receipt this Period

91.25

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

591.25

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

43201.92

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City

St. Louis

State

MO

Zip Code

63179

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

292.18

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2012

Transaction ID : 35330213

Amount of Each Receipt this Period

28.74

Bank Interest

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

28.74

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

28.74

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Visa/Mastercard Expenses

001

Candidate Name

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

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2012
Transaction ID : 35330214

Amount of Each Disbursement this Period

1273.58

Visa/Mastercard Expenses

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
American Express Expenses

001

Candidate Name

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

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2012
Transaction ID : 35330215

Amount of Each Disbursement this Period

306.69

American Express Expenses

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Bank Fees

001

Candidate Name

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

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2012
Transaction ID : 35330216

Amount of Each Disbursement this Period

73.00

Bank Fees

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

1653.27

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

PAGE 95 OF 121

<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

Full Name (Last, First, Middle Initial)

A. WellsFargo

Mailing Address 1650 Tyson Blvd.

City	State	Zip Code
McLean	VA	22102

Purpose of Disbursement
Bank Fees

Candidate Name

001

Category/
Type

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

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2012

Transaction ID : 35330226

Amount of Each Disbursement this Period

1196.09

Bank Fees

B.

Full Name (Last, First, Middle Initial)

Mailing Address

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

Purpose of Disbursement

Candidate Name

Category/
Type

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

State: District:

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

Date of Disbursement

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

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

Purpose of Disbursement

Candidate Name

Category/
Type

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

State: District:

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

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1196.09

2849.36

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Jim Inhofe Committee

Mailing Address PO Box 13300

City	State	Zip Code
Oklahoma City	OK	73113

Purpose of Disbursement
Candidate Contribution

Candidate Name

Sen. James M. InhofeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Transaction ID : 35205527

Amount of Each Disbursement this Period

1250.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City	State	Zip Code
Fremont	CA	94537

Purpose of Disbursement
Candidate Contribution

Candidate Name

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

State: CA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Transaction ID : 35205530

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Collins For Congress

Mailing Address PO Box 1295

City	State	Zip Code
Gainesville	GA	30503

Purpose of Disbursement
Candidate Contribution

Candidate Name

Mr. Douglas CollinsOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Transaction ID : 35205535

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

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

3750.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tom Rice For CongressMailing Address 1107 48th Ave. N.
Suite 210

City Myrtle Beach State SC Zip Code 29577

Purpose of Disbursement
Candidate Contribution

Candidate Name

Mr. Tom RiceOffice Sought: ☒ House
☐ Senate
☐ President
State: SC District: 07Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

Transaction ID : 35207865

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. ACTON PAC

Mailing Address PO Box 442

City Sharpsburg State GA Zip Code 30277

Purpose of Disbursement
Committee Contribution

Candidate Name

ACTON PACOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2012

Transaction ID : 35235661

Amount of Each Disbursement this Period

2500.00

Committee Contribution

Full Name (Last, First, Middle Initial)

C. Bill Flores For Congress

Mailing Address PO Box 6207

City Bryan State TX Zip Code 77805

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Bill FloresOffice Sought: ☒ House
☐ Senate
☐ President
State: TX District: 17Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2012

Transaction ID : 35235672

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

7000.00

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

PAGE 98 OF 121

<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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tiberi For CongressMailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Patrick J. TiberiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

Transaction ID : 35244041

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Beatty For Congress

Mailing Address PO Box 172

City Columbus State OH Zip Code 43216

Purpose of Disbursement
Candidate Contribution

Candidate Name

Ms. Joyce BeattyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

Transaction ID : 35244043

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Boozman For Arkansas

Mailing Address PO Box 671

City Rogers State AR Zip Code 72757

Purpose of Disbursement
Candidate Contribution

Candidate Name

Sen. John BoozmanOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 35287779

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

10000.00

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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

American Optometric Association Political Action Committee

5000.00

1000.00

2500.00

FEC Schedule B (Form 3X) Rev. 02/2003

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amodei For Nevada

Mailing Address 503 N Division St

City	State	Zip Code
Carson City	NV	89703

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Mark AmodeiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 35287787

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Lou Barletta For CongressMailing Address 1529 Terrace Blvd
101 West Broad Street

City	State	Zip Code
Hazleton	PA	18201

Purpose of Disbursement
Candidate Contribution

Candidate Name

Mr. Louis BarlettaOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 35287822

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Jason Chaffetz

Mailing Address 315 Westfield Circle

City	State	Zip Code
Alpine	UT	84004

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Jason E. ChaffetzOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: UT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 35287824

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

3000.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cravaack For Congress Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Mailing Address P.O. Box 40040

City	State	Zip Code
St Paul	MN	55104

Transaction ID : 35287825Purpose of Disbursement
Candidate Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Chip CravaackCategory/
Type

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

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MN District: 08

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Denham For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Mailing Address 2150 River Plaza Dr., #150

City	State	Zip Code
Sacramento	CA	95833

Transaction ID : 35287849Purpose of Disbursement
Candidate Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Jeff DenhamCategory/
Type

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

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 19

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Fleming For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Mailing Address P.O. Box 1236

City	State	Zip Code
Minden	LA	71058

Transaction ID : 35287856Purpose of Disbursement
Candidate Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. John C. Fleming MDCategory/
Type

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

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: LA District: 04

Candidate Contribution

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

3000.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gibbs For Congress

Mailing Address 13871 Tr 473

City Lakeville	State OH	Zip Code 44638
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Purpose of Disbursement
Candidate Contribution

011

Candidate Name

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

State: OH District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 35287858

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Frank Guinta

Mailing Address PO Box 877

City Manchester	State NH	Zip Code 03105
--------------------	-------------	-------------------

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

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

State: NH District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 35287860

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Huizenga For Congress

Mailing Address 441 Williams Court

City Zeeland	State MI	Zip Code 49464
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Purpose of Disbursement
Candidate Contribution

011

Candidate Name

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

State: MI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 35287862

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Guthrie For Congress

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. S. Brett GuthrieOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 35287864

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Raul Labrador For Idaho

Mailing Address PO Box 1616

City	State	Zip Code
Boise	ID	83701

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Raul R. LabradorOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: ID District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 35287865

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Families For James Lankford

Mailing Address PO Box 1639

City	State	Zip Code
Bethany	OK	73008

Purpose of Disbursement
Candidate Contribution

Candidate Name

Mr. James LankfordOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OK District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : 35287868

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

4500.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ribble For Congress

Mailing Address PO Box 7200

City	State	Zip Code
Appleton	WI	54912

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Reid J. Ribble

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: WI	District: 08

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 35287872

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Tom Rooney For Congress

Mailing Address 1133 Bal Harbor Blvd. 1139 #186

City	State	Zip Code
Punta Gorda	FL	33950

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Thomas J. Rooney

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: FL	District: 16

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 35287873

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Jon Runyan For Congress, Inc

Mailing Address PO Box 225

City	State	Zip Code
Colonia	NJ	07067

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Jon Daniel Runyan

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 03

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : 35287876

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

3000.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bachmann For Congress

Mailing Address PO Box 25950

City	State	Zip Code
Woodbury	MN	55125

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Michele BachmannOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		18		2012

Transaction ID : 35290751

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Pitts

Mailing Address PO Box 775

City	State	Zip Code
Unionville	PA	19375

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Joseph R. PittsOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		18		2012

Transaction ID : 35290752

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Crawford For Congress

Mailing Address PO Box 16956

City	State	Zip Code
Jonesboro	AR	72403

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Rick A. CrawfordOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		18		2012

Transaction ID : 35290753

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Canseco For Congress

Mailing Address 10004 Wurzbach Road #366

City	State	Zip Code
San Antonio	TX	78230

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Francisco R. CansecoCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: TX District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		18		2012

Transaction ID : 35290754

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. JAZZ PACMailing Address 607 - 14th Street, NW
Suite 800

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
Committee Contribution

011

Candidate Name

JAZZ PACCategory/
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		18		2012

Transaction ID : 35290755

Amount of Each Disbursement this Period

1000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

C. Michael Burgess For Congress

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Michael C. Burgess M.D.Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2012

Transaction ID : 35294117

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lone Star Leadership PAC

Mailing Address PO BOX 30844

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Lone Star Leadership PACCategory/
Type

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

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2012

Transaction ID : 35294143

Amount of Each Disbursement this Period

2500.00

Committee Contribution

Full Name (Last, First, Middle Initial)

B. Ben Chandler For Congress

Mailing Address P. O. Box 12678

City	State	Zip Code
Lexington	KY	40508

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Benjamin ChandlerCategory/
Type

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

Disbursement For:	2012
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

Transaction ID : 35300086

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Iowa Democratic Party

Mailing Address 5661 Fleur Drive

City	State	Zip Code
Des Moines	IA	50321

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Category/
Type

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

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2012

Transaction ID : 35301465

Amount of Each Disbursement this Period

5000.00

Committee Contribution

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

12500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. King For CongressMailing Address 116 N Main St.
PO Box 400

City Early State IA Zip Code 50535

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Steve A. KingOffice Sought: ☒ House
☐ Senate
☐ President
State: IA District: 05Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2012

Transaction ID : 35301466

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Kansans For Huelskamp

Mailing Address PO Box 410

City Fowler State KS Zip Code 67844

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Tim HuelskampOffice Sought: ☒ House
☐ Senate
☐ President
State: KS District: 01Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : 35304671

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Pat Roberts For Congress

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement
Candidate Contribution

Candidate Name

Sen. Pat RobertsOffice Sought: ☐ House
☒ Senate
☐ President
State: KS District:Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : 35304675

Amount of Each Disbursement this Period

3000.00

Candidate Contribution

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

8000.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mcnerney For Congress

Mailing Address P.O. Box 690371

City	State	Zip Code
Stockton	CA	95269

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Jerry McNeerneyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : 35318171

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. AMERIPAC: The Fund for a Greater AmericaMailing Address 1341 G Street NW
Suite 200

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
Committee Contribution

Candidate Name

AMERIPAC: The Fund for a Greater AmericaOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : 35318172

Amount of Each Disbursement this Period

2500.00

Committee Contribution

Full Name (Last, First, Middle Initial)

C. PAC to the FutureMailing Address PMB 3230
268 Bush Street

City	State	Zip Code
San Francisco	CA	94104

Purpose of Disbursement
Committee Contribution

Candidate Name

PAC to the FutureOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : 35318173

Amount of Each Disbursement this Period

2500.00

Committee Contribution

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

10000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Strickland For Congress 2012

Mailing Address 603 E Alton Ave Ste H

City	State	Zip Code
Santa Ana	CA	92705

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Mr. Anthony StricklandCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : 35318174

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Pingree For Congress

Mailing Address PO Box 17613

City	State	Zip Code
Portland	ME	04112

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

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

State: ME District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : 35318186

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Michaud For Congress

Mailing Address 213 Lisbon St

City	State	Zip Code
Lewiston	ME	04240

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

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

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : 35318187

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Angus King For Us Senate CampaignMailing Address 135 Maine Street
PO Box 368

City Brunswick State ME Zip Code 04011

Purpose of Disbursement
Candidate Contribution

Candidate Name

Mr. Angus KingOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : 35318189

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Pittenger For Congress LLC

Mailing Address PO Box 470848

City Charlotte State NC Zip Code 28247

Purpose of Disbursement
Candidate Contribution

Candidate Name

Mr. Robert PittengerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : 35318192

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Billy Long For Congress

Mailing Address 3246 E. Ridgeview Street

City Springfield State MO Zip Code 65804

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Billy LongOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : 35318193

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

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

9000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jon Runyan For Congress, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Mailing Address PO Box 225

City	State	Zip Code
Colonia	NJ	07067

Transaction ID : 35318194Purpose of Disbursement
Candidate Contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. Jon Daniel RunyanCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Candidate Contribution

State: NJ District: 03

Full Name (Last, First, Middle Initial)

B. Kirkpatrick For Arizona

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Mailing Address PO Box 12011

City	State	Zip Code
Casa Grande	AZ	85130

Transaction ID : 35318195Purpose of Disbursement
Candidate Contribution

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

Ms. Ann KirkpatrickCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Candidate Contribution

State: AZ District: 01

Full Name (Last, First, Middle Initial)

C. George Holding For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Mailing Address PO Box 97187

City	State	Zip Code
Raleigh	NC	27624

Transaction ID : 35318221Purpose of Disbursement
Candidate Contribution

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Mr. George HoldingCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Candidate Contribution

State: NC District: 13

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

8500.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matt Salmon for Congress

Mailing Address 2942 N 24th Ste. 107

City	State	Zip Code
Phoenix	AZ	85016

Purpose of Disbursement
Candidate Contribution

Candidate Name

Matt Salmon

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: AZ	District: 01

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : 35318222

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Paul Gosar For Congress

Mailing Address PO Box 2991

City	State	Zip Code
Florence	AZ	85132

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Paul A. Gosar

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: AZ	District: 01

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : 35318223

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Bob Goodlatte For Congress Committee

Mailing Address P.O. Box 292

City	State	Zip Code
Roanoke	VA	24002

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Robert W. Goodlatte

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: VA	District: 06

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : 35318228

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

4500.00

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SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tom Reed For Congress

Mailing Address PO Box 450

City Victor State NY Zip Code 14564

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Tom Reed

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 29

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : 35318230

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Betty Sutton For Congress

Mailing Address PO Box 14693

City Copley State OH Zip Code 44321

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Betty S. Sutton

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 13

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : 35318231

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Mark Critz For Congress Committee

Mailing Address 647 Main Street
Suite 110

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Mark S. Critz

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 12

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : 35318232

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

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

6500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bill Owens For Congress

Mailing Address PO Box 1575

City	State	Zip Code
Plattsburgh	NY	12901

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Bill Owens

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NY	District: 23

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : 35318233

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Larry Kissell For CongressMailing Address 106 East Main Street
PO Box 1530

City	State	Zip Code
Biscoe	NC	27209

Purpose of Disbursement
Candidate Contribution

Candidate Name

Mr. Larry Kissell

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NC	District: 08

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : 35318234

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. DWS PAC

Mailing Address P O Box 71147

City	State	Zip Code
Washington	DC	20024

Purpose of Disbursement
Committee Contribution

Candidate Name

DWS PAC

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : 35318236

Amount of Each Disbursement this Period

1000.00

Committee Contribution

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

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. McDowell For Congress

Mailing Address 10820 Glen Street

City	State	Zip Code
Rudyard	MI	49780

Purpose of Disbursement
Candidate Contribution

Candidate Name

Mr. Gary McDowellOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : 35318237

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. The Bill Keating Committee

Mailing Address P.O. Box 3065

City	State	Zip Code
Buzzards Bay	MA	02532

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. William KeatingOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : 35318238

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Sherrod Brown

Mailing Address PO Box 76187

City	State	Zip Code
Washington	DC	20013

Purpose of Disbursement
Candidate Contribution

Candidate Name

Sen. Sherrod BrownOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : 35318240

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

8500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tulsi For Hawaii

Mailing Address PO Box 75561

City	State	Zip Code
Kapolei	HI	96707

Purpose of Disbursement
Candidate Contribution

Candidate Name

Tulsi GabbardOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: HI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : 35318275

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Dave Joyce

Mailing Address 320 Kenarden Dr

City	State	Zip Code
Highland Hts	OH	44143

Purpose of Disbursement
Candidate Contribution

Candidate Name

Mr. David JoyceOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : 35318297

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. John Tierney For Congress

Mailing Address 49 Federal Street

City	State	Zip Code
Salem	MA	01970

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. John F. TierneyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : 35318323

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Loeb sack For Congress

Mailing Address PO Box 3013

City	State	Zip Code
Iowa City	IA	52244

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. David Wayne Loeb sack

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: IA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : 35318324

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Diana De gette For Congress

Mailing Address P.O. Box 61337

City	State	Zip Code
Denver	CO	80206

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Diana DeGette

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: CO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : 35318325

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Boswell For Congress

Mailing Address PO Box 1814

City	State	Zip Code
Des Moines	IA	50305

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Leonard L. Boswell

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: IA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Transaction ID : 35318326

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

5500.00

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

American Optometric Association Political Action Committee

2500.00

Committee Contribution

1000.00

Candidate Contribution

MM / DD / YYYY

2500.00

Candidate Contribution

6000.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. John S Fund

Mailing Address PO Box 65796

City
WashingtonState
DCZip Code
20035Purpose of Disbursement
Committee Contribution

011

Candidate Name

John S Fund

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2012

Transaction ID : 35318697

Amount of Each Disbursement this Period

2500.00

Committee Contribution

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Loretta Sanchez

Mailing Address PO Box 6037

City
Santa AnaState
CAZip Code
92706Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Loretta Sanchez

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 47

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2012

Transaction ID : 35318698

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Pat Meehan For Congress

Mailing Address 50 S. Providence Road

City
MediaState
PAZip Code
19063Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Patrick Meehan

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2012

Transaction ID : 35318782

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

6000.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Congressman Waxman Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2012

Mailing Address 6380 Wilshire Blvd., #1612

City	State	Zip Code
Los Angeles	CA	90048

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Henry A. WaxmanCategory/
Type

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

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 30

Transaction ID : 35318783

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Allen West For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2012

Mailing Address PO Box 1108

City	State	Zip Code
Stuart	FL	34995

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Allen WestCategory/
Type

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

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 22

Transaction ID : 35318846

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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

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

State: District:

Amount of Each Disbursement this Period

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

6000.00

169750.00
