04/20/2011 09:54

Image# 11931212490

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		For Otr	ner I nan An	Autnoriz	ea Comm	ittee		Office Use	e Only	
1.	NAME OF COMMITTEE (in full)		C MAILING LAI E OR PRINT	_	xample:If typi ver the lines	ng, type				
L	American Optometric Associa	ation Politi	ical Action Com	mittee						
Ш		1 1 1					1 1 1		1 1 1	
AD	DRESS (number and street)	1505	Prince Street		1 1 1 1		1 1 1	1 1 1 1 1	1 1 1	1
~	,,	Suite	300							1
	Check if different than previously reported. (ACC)	Alexa	ndria				VA	22	314	
2.	FEC IDENTIFICATION NUM	IBER	~	CITY 🛕			STATE	, <u>Z</u>	ZIPCODE	A
	C00024968			3. IS THIS REPOR		NEW (N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports:	`´ I	Monthly Report Due On:	Feb 20 (Ma)		May 20 (M5) Jun 20 (M6)		Aug 20 (M8) Sep 20 (M9)	D _i	ov 20 (M11) Ion-Election ear Only) ec 20 (M12) Ion-Election ear Only)
	April 15		X	Apr 20 (M	4)	Jul 20 (M7)		Oct 20 (M10)	Ja	an 31 (YE)
	Quarterly Report(Q July 15		c) 12-Day		Primary (1	2P)	Gen	eral (12G)	R	unoff (12R)
	Quarterly Report(Q October 15 Quarterly Report(Q		PRE-Election Report for t		Convention	n (12C)	Spec	cial (12G)	_	
	January 31 Quarterly Report(Y			Election on			• •		in the State of	
	July 31 Mid-Year Report(Non-election Year Only) (MY)	,	d) 30-Day Post -Elect Report for t		General (3	30G)	Run	off (30R)	S	pecial (30S)
	Termination Report (TER)		ı	Election on			• •		in the State of	
5.	Covering Period 0.3	3 0	201	1	through	0 3	31	2011		
	ertify that I have examined this Formula on Print Name of Treasurer	•	d to the best of r		e and belief it	is true, correct	and comp	lete.		
. , , ~										
Sig	nature of Treasurer Electron	nically File	ed by Thomas	s E. Nye, O.D) <u>.</u>		Date	04 20	20	0 1 1
NO	TE : Submission of false, error	neous, or i	incomplete infor	mation may :	subject the pe	erson signing th	nis Report t	o the penalties	of 2 U.S.C	437g.
	Office Use								FORM	3X

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

OF RECEIPTS AND DISBURSEMENTS Page 2

Write or Type Committee Name
American Optometric Association Political Action Committee

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2011		393463.33
	(b) Cash on Hand at Begining of Reporting Period	479082.64	
	(c) Total Receipts (from Line 19)	62398.91	237748.65
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	541481.55	631211.98
7.	Total Disbursements (from Line 31)	77275.45	167005.88
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	464206.10	464206.10
).	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

м м 0 1 м м 3 1 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 39240.44 138501.12 (i) Itemized (use Schedule A) 23114.45 99023.77 (ii) Unitemized (iii) TOTAL (add 62354.89 237524.89 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 62354.89 237524.89 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 44.02 223.76 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 62398.91 237748.65 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 62398.91 237748.65 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Shared Federal/Non-Federal		1
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	2775.45	7380.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	2775.45	7380.88
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	74500.00	159500.00
Independent Expenditure	0.00	0.00
(use Schedule E)		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	125.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	125.00
9. Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C 431(20))(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	77275.45	167005.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	77275.45	167005.88

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)	62354.89	237524.89
34.	Total Contribution Refunds (from Line 28(d))	0.00	125.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	62354.89	237399.89
86.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2775.45	7380.88
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	2775.45	7380.88

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 66 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association I	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Dr John D Coble Mailing Address 1501 Sunset Hill		Date of Receipt M M
City	State Zip Code	Transaction ID: 33014175
Rockwall	TX 75087-3216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.35
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.05	
Full Name (Last, First, Middle Initial) Dr Kevin Katz		Date of Receipt
Mailing Address 1205 Pin Oak Drive)	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33026794
Dickinson	TX 77539-3320	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	163.64
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 490.92	
Full Name (Last, First, Middle Initial) Dr Kathleen E Powell		Date of Receipt
Mailing Address 9710 Copper Drive		03 03 7 2011
City	State Zip Code	Transaction ID: 33026798
Anchorage	AK 99507-1226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>	331.99

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	fo	se separate schedule(s) or each category of the letailed Summary Page	FOR LINE NUMBER: PAGE 7 / 66 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association I	the name and address	of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Dennis A Swarner Mailing Address Box 1669			Date of Receipt
City Kenai	State AK	Zip Code 99611-7744	Transaction ID: 33028188 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Opi Aggregate Year		
Full Name (Last, First, Middle Initial) Dr Robert J Fleckenstein Mailing Address 1830 Rebel Ridge	1		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33029805
Anchorage	AK	99504-2900	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer Self Employed	Occupation Doctor of Opt	•	
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 255.00	
Full Name (Last, First, Middle Initial) Dr Stanley Woo	1		Date of Receipt
Mailing Address 2501 Nicholson St			03 04 2011
City		Zip Code	Transaction ID: 33029808
Houston FEC ID number of contributing federal political committee.	C	77008-2022	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Opi	tometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			585.00

SCHEDULE A (FEC Form 3X)

_	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 66 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	ne name and addres	ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Dr Gregory Allen Browning Mailing Address 1 Fairwood Lane			Date of Receipt 0 3
	City	State	Zip Code	Transaction ID: 33029810
	Ceredo FEC ID number of contributing federal political committee.	C	25507	Amount of Each Receipt this Period 75.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of O Aggregate Ye	ptometry ear-to-Date ▼ 225.00	
В.	Full Name (Last, First, Middle Initial) Dr Christopher J Colburn Mailing Address 30 Winchester Rd			Date of Receipt 0 3
	City	State	Zip Code	Transaction ID: 33030820
	Lakewood FEC ID number of contributing federal political committee.	C	14750-1734	Amount of Each Receipt this Period 83.34
	Name of Employer Self Employed Receipt For: Primary General	Occupation Doctor of O Aggregate Ye	ptometry ear-to-Date ▼	
	Other (specify) ▼	0 0 0	250.02	
С.	Full Name (Last, First, Middle Initial) Dr Joel Gregory Bailey Mailing Address 311 Pond View Lane			Date of Receipt 0 3
	City	State	Zip Code	Transaction ID: 33031005
	Lexington FEC ID number of contributing federal political committee.	SC C	29072-2419	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor of O	ntometry	
	Receipt For: Primary General Other (specify) ▼		par-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)			408.34

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NU (check only one X 11a 13	
or for com	nation copied from such Reports and St mercial purposes, other than using the OF COMMITTEE (In Full) can Optometric Association Polit	name and add	ress of any political committee to	on for the purpose solicit contribution	of soliciting contributions ns from such committee.
Full Na Dr Jam	me (Last, First, Middle Initial) es F Williams			Date of Rec	ceipt
Mailing	Address 910 W Main Street			03	01 2011
City		State	Zip Code	Transaction	n ID: 33039427
<u>Leagu</u>	ue City	TX	77573-2024	Amount of I	Each Receipt this Period
	number of contributing political committee.	C			250.00
	of Employer nployed	Occupation Doctor of	Optometry		
	t For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
	ume (Last, First, Middle Initial) Fory Rath			Date of Rec	ceipt
-	Address 10748 Sprucedale Ave	,		M M /	08 2011
City		State	Zip Code	Transaction	n ID: 33041734
<u>Las V</u>	egas	NV	89144-4401	Amount of I	Each Receipt this Period
	number of contributing political committee.	C			100.00
Name o Self Er	of Employer nployed	Occupation Doctor of	Optometry		
	t For: Primary ☐ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]	
	me (Last, First, Middle Initial) othy L Hitchmoth			Date of Red	ceipt
Mailing	Address Po Box 302 106 Davis Hill Road			03	03 / 2011
City <u>New L</u>	London	State NH	Zip Code 03257-0302		n ID: 33041751 Each Receipt this Period
	number of contributing political committee.	C			166.00
Name o Self Er	of Employer nployed	Occupation Doctor of	Optometry		
	t For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 498.00]	
SUBTOT	AL of Receipts This Page (optional)	1			516.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 66 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association I	Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr James R Hale			Date of Receipt
Mailing Address 5553 Sw Bluestem	Pl		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Corvallis	State OR	Zip Code 97333-1354	Transaction ID: 33041752
FEC ID number of contributing federal political committee.	C	97333-1334	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Jean S Heisman			Date of Receipt
Mailing Address 57 N Main St			0 3 0 1 2 0 1 1
City	State	Zip Code	Transaction ID: 33041757
Mullica Hill	NJ	08062-9414	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr Alison A Arrants	<u> </u>		Date of Receipt
Mailing Address P O Box 2250			03 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33041772
Rock Springs	WY	82902-2250	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Self Employed	Occupation Doctor of	n · Optometry	
Receipt For:	Aggregate	Year-to-Date ▼	_
Primary General Other (specify) ▼		350.00	
SUBTOTAL of Receipts This Page (optional			1600.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	fo	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 11 / 66 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not le name and address	pe sold or used by any pers of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Po	litical Action Com	mittee	
	Full Name (Last, First, Middle Initial) Dr Rebecca H Wartman Mailing Address 46 Lambeth Walk			Date of Receipt
	City	State	Zip Code	0 3 0 8 2 0 1 1 Transaction ID: 33041782
	Fairview		28730-7721	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation Doctor of Opt	ometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 400.00	
	Full Name (Last, First, Middle Initial) Dr John W Heltsley			Date of Receipt
	Mailing Address 405 Warwick Way			03 / 09 / 2011
	City		Zip Code	Transaction ID: 33042816
	<u>Hopkinsville</u>	KY	42240-1408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation Doctor of Opt	ometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 300.00	
_	Full Name (Last, First, Middle Initial) Dr Mark J Cook			Date of Receipt
	Mailing Address 5698 Mountain Road			03 / 09 / 7 7 7 7
	City		Zip Code	Transaction ID: 33042818
	Brighton	MI	48116-9732	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Doctor of Opt		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 300.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 66 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to	
American Optometric Association Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Dr Barbara L Horn		Date of Receipt
Mailing Address 61269 Coralburst Dr City	State Zip Code	0 3 0 9 2 0 1 1 Transaction ID: 33044047
Washington	MI 48094-1746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	168.18
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 486.36	
Full Name (Last, First, Middle Initial) Dr Steven S Hider		Date of Receipt
Mailing Address 8540 Alegre Ave		03 / 07 / 4 9 11
City	State Zip Code	Transaction ID: 33044122
Atascadero FEC ID number of contributing federal political committee.	CA 93422-5000	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr Sue A Feather		Date of Receipt
Mailing Address 144 Heatherview Dr		03 07 9011
City	State Zip Code	Transaction ID: 33044124
East Peoria	IL 61611-4889	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (optional)		918.18

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 66 (check only one)
Any information copied from such Reports or for commercial purposes, other than usir	and Statements may not be sold or used by any pong the name and address of any political committe	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Association		
Full Name (Last, First, Middle Initial) Dr Richard A Kjome		Date of Receipt
Mailing Address N11268 Pineywoo	od Drive	03 07 2011
City	State Zip Code	Transaction ID: 33044126
Elcho FEC ID number of contributing federal political committee.	WI 54428	Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	•
Full Name (Last, First, Middle Initial) Dr James P De Vleming		Date of Receipt
Mailing Address 670 Se Meadowva		03 07 7 2011
City Pullman	State Zip Code WA 99163-2445	Transaction ID: 33044128
FEC ID number of contributing federal political committee.	C 99163-2445	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Annette L Hanian		Date of Receipt
Mailing Address 4717 E Berneil Dr	ive	03 09 2011
City Phoenix	State Zip Code AZ 85028-5506	Transaction ID: 33044160 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1550.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 66 (check only one) X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association I	the name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Joe Ernest Ellis Mailing Address 179 Wood Trace			Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City Benton FEC ID number of contributing	State KY	Zip Code 42025-9400	Transaction ID: 33044534 Amount of Each Receipt this Period 166.67
Receipt For: Primary Other (specify)	Occupation Doctor of	n f Optometry e Year-to-Date ▼ 500.01	
Full Name (Last, First, Middle Initial) Dr Gregory C Russell Mailing Address 2505 Rivermont Cir	rcle		Date of Receipt 0 3 1 0 2 0 1 1
City Kingsport	State TN	Zip Code 37660-2392	Transaction ID: 33044535 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer Self Employed Receipt For: Primary Other (specify) ▼		n f Optometry e Year-to-Date ▼ 249.99]
Full Name (Last, First, Middle Initial) Dr Judy Lee			Date of Receipt
Mailing Address 6500 Hirabayashi [Orive		03 09 2011
City <u>San Jose</u>	State CA	Zip Code 95120-4500	Transaction ID: 33044825 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed		f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)		750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 66 (check only one) X
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any person using the name and address of any political committee to attack.	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initia Dr Richard Tom Mailing Address 6500 Hirabaya	,	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City San Jose	State Zip Code CA 95120-4500	Transaction ID: 33044826 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initia Dr Gregory Willard Hicks Mailing Address 419 Bogart Ro	,	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33045273
Sandusky	OH 44870-6404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 506.00	
Full Name (Last, First, Middle Initia Dr Edward M Kosnoski Mailing Address 305 Kensingto		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33052809
Kent	WA 98030-7004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry Aggregate Year-to-Date ▼	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (optional)	916.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 66 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Optometric Association	ng the name and add	ress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr Steven Arthur Loomis Mailing Address 6436 Spotted Faw	ın Run		Date of Receipt 0 3 1 2 2 0 1 1
City Littleton	State CO	Zip Code 80125-9055	0 3 1 2 2 0 1 1 Transaction ID: 33052810 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		Optometry Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr Randolph E Brooks Mailing Address 3 Schindler Drive			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33052814
Succasunna	NJ	07876-1183	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Self Employed	- + +	Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]
Full Name (Last, First, Middle Initial) Dr Fred H Dubick			Date of Receipt
Mailing Address 4047 Meadow Lar	k Drive		03 / 12 / 2011
City	State	Zip Code	Transaction ID: 33052815
Calabasas FEC ID number of contributing federal political committee.	CA	91302-1844	Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (option	nal)		600.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 66 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Po	litical Action	Committee	
۸.	Full Name (Last, First, Middle Initial) Dr Markus I Barth			Date of Receipt
	Mailing Address 1346 Heller Drive			03 / 14 / 2011
	City _Yardley	State PA	Zip Code 19067-2714	Transaction ID: 33052833
	FEC ID number of contributing federal political committee.	C	19007-2714	Amount of Each Receipt this Period 66.67
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 200.01	
 3.	Full Name (Last, First, Middle Initial) Dr Brian J Plattner			Date of Receipt
	Mailing Address 917 S Market Street			03 14 2011
	City	State	Zip Code	Transaction ID: 33052835
	Knoxville	<u>IL</u>	61448-1299	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Self Employed	Occupation Doctor of	ⁿ f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 255.00	
 :.	Full Name (Last, First, Middle Initial) Dr Greg A Caldwell			Date of Receipt
	Mailing Address 225 Terrace Drive			0 3
	City	State	Zip Code	Transaction ID: 33052836
	Lilly FEC ID number of contributing federal political committee.	C	15938-5819	Amount of Each Receipt this Period 166.67
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 333.34	
	SUBTOTAL of Receipts This Page (optional) .	1		318.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 66 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	Statements may not be sold or used by any personal tename and address of any political committee to litical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Philip Wayne Marler Mailing Address 204 Pioneer Hills City Carthage FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MS 39051-9150 C Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 33053049 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr Alan G Peaslee Mailing Address 4507 Wellington Woo City Hahira FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date State Zip Code GA 31632-3109 C Occupation Doctor of Optometry 255.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 1 5 2 0 1 1 Transaction ID: 33069504 Amount of Each Receipt this Period 85.00
Full Name (Last, First, Middle Initial) Dr Vincent W Brandys, Jr Mailing Address 998 Ascot Drive City Elgin FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code IL 60123-6761 C Occupation Doctor of Optometry Aggregate Year-to-Date 501.00	Date of Receipt M M M / D D D 2 0 1 1 Transaction ID: 33069505 Amount of Each Receipt this Period 167.00
SUBTOTAL of Receipts This Page (optional)		752.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 66 (check only one) X
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>/</u> \.	Full Name (Last, First, Middle Initial) Dr Victoria Ann Blower Mailing Address 2301 Loussac Dr			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 33069511
	Anchorage FEC ID number of contributing federal political committee.	C	99517-1230	Amount of Each Receipt this Period 85.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		f Optometry e Year-to-Date ▼ 255.00	
 3.	Full Name (Last, First, Middle Initial) Dr Suzanne D Scott Mailing Address 405 Se Derby St			Date of Receipt 0 3 1 4 2 0 1 1
	City	State	Zip Code	Transaction ID: 33087254
	<u>Pullman</u>	WA	99163-2221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
. –	Full Name (Last, First, Middle Initial) Dr David Neal Sherman			Date of Receipt
	Mailing Address 1521 Marjorie St			0 3
	City	State	Zip Code	Transaction ID: 33087255
	Oceanside	CA	92056-2312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
s	SUBTOTAL of Receipts This Page (optional) .			950.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 66 (check only one) X 11a 11b 11c 12
	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Dennis D Page		Date of Receipt
Mailing Address 80 Club Cottage Driv		03 / 04 / 2011
City	State Zip Code	Transaction ID: 33087256
Cordillera	CO 81632-6411	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Frederick E Bodenhamer		Date of Receipt
Mailing Address 409 Virginia Trail		03 / 10 / Y Y Y Y
City	State Zip Code	Transaction ID: 33087303
Jefferson City	MO 65109-6840	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr Sally B Bodenhamer		Date of Receipt
Mailing Address 7010 Spring Park Dri	ve	03 10 YYYY 2011
City	State Zip Code	Transaction ID: 33087304
Jefferson City	MO 65109-3345	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
CURTOTAL of Descripts This Descriptions()		650.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 66 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any person sing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association	on Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Bret A Bodenhamer		Date of Receipt
Mailing Address 303 Madelines F	Park Cir	03 10 2011
City	State Zip Code	Transaction ID: 33087305
Jefferson City	MO 65109-7348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr Cornel Hubert Le Blanc		Date of Receipt
Mailing Address 43 Turnage Rdn		03 10 2011
City Elmer	State Zip Code LA 71424	Transaction ID: 33087311 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Roger R Seelye		Date of Receipt
Mailing Address 5122 Lake Drive		03 10 2011
City	State Zip Code	Transaction ID: 33087316
Owosso	MI 48867-8711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (opt	ional)	1450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 66 (check only one) X
Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Polit	tical Action (Committee	
Full Name (Last, First, Middle Initial) Dr Fred H Mothershed			Date of Receipt
Mailing Address 3019 Bentwood			03 10 2011
City	State	Zip Code	Transaction ID: 33087322
Tupelo	MS	38804-9780	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	7
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Dorothy L Hitchmoth			Date of Receipt
Mailing Address Po Box 302 106 Davis Hill Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33087323
New London	NH	03257-0302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		166.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 664.00	
Full Name (Last, First, Middle Initial) Dr David P Dozack			Date of Receipt
Mailing Address 228 Timothy Lane			03 16 YYYY 2011
City	State	Zip Code	Transaction ID: 33088526
<u>Horseheads</u>	NY	14845-1837	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			1666.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	for	e separate schedule(s) each category of the stailed Summary Page	FOR LINE NUMBER: PAGE 23 / 66 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be the name and address	e sold or used by any perso of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
American Optometric Association F	Political Action Com	mittee	
Full Name (Last, First, Middle Initial) Dr Jennifer L Planitz			Date of Receipt
Mailing Address 3537 New Castle Di			03 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		Zip Code	Transaction ID: 33093398
Rio Rancho	NM 8	37124-3672	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		436.37
Name of Employer Self Employed	Occupation Doctor of Opto	ometry	7
Receipt For:	Aggregate Year-		7
Primary General Other (specify) ▼		1072.74	
Full Name (Last, First, Middle Initial) Dr Thomas Annunziato	•		Date of Receipt
Mailing Address 11700 Northview Dr			03 17 2011
City	State Z	Zip Code	Transaction ID: 33093401
Aledo	TX	76008-5223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.34
Name of Employer Self Employed	Occupation Doctor of Opto	ometry	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial) Dr Herman H Ginger			Date of Receipt
Mailing Address 3901 Divoky Road			03 16 2011
City		Zip Code	Transaction ID: 33099276
Pine Bluff	AR	71603-9505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer Self Employed	Occupation Doctor of Opto	ometry	7
Receipt For:	Aggregate Year-	to-Date ▼	
Primary General Other (specify) ▼		2000.00	
SUBTOTAL of Receipts This Page (optional))	2519.71

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 66 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using to	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr James C Falconer, Jr		Date of Receipt
Mailing Address 8400 Skyhills Drive		03 / 18 / 2011
City	State Zip Code	Transaction ID: 33100581
Anchorage	AK 99502-3982	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	252.00	
Full Name (Last, First, Middle Initial) Dr Harue Jean Marsden		Date of Receipt
Mailing Address 1445 Prospect Aven	ue Unit D	03 / 18 / 2011
City	State Zip Code	Transaction ID: 33100582
Placentia	CA 92870-3816	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.02	
Full Name (Last, First, Middle Initial) Dr Craig Coen		Date of Receipt
Mailing Address 216 Keomah Village		03 16 YYYYY 02011
City	State Zip Code	Transaction ID: 33103076
Oskaloosa	IA 52577-9671	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
		417.34

SCHEDULE A (FEC Form 3X)

CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Use separate schedule(s for each category of the Detailed Summary Page			FOR LINE NUMBER: PAGE 25 / 66 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Optometric Association P			
7 American Optometric Association i	ontical Action C	ommittee	
Full Name (Last, First, Middle Initial) Dr H. Frank Storey Mailing Address P O Box 372			Date of Receipt
			03 16 2011
City	State	Zip Code	Transaction ID: 33103079
Stayton	OR	97383-0372	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1500.00	
Full Name (Last, First, Middle Initial) Dr Cameron E Smith			Date of Receipt
Mailing Address P O Box 2092			03 / 16 / Y Y Y Y
City	State	Zip Code	Transaction ID: 33103080
Mansfield	TX	76063-0019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		400.00	
Full Name (Last, First, Middle Initial) Dr Christopher W Wroten			Date of Receipt
Mailing Address 7020 Hunters Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33103115
Denham Springs	LA	70726-5642	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
SUBTOTAL of Receipts This Page (optional)			1900.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS Any information copied from such Ben	Use separate schedule(s) for each category of the Detailed Summary Page orts and Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 26 / 66 (check only one) X
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	using the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial Dr Ronald Lee Hopping Mailing Address 1801 Creeksic	,	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33103324
Friendswood	TX 77546-7821	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	181.82
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 545.46	
Full Name (Last, First, Middle Initial Dr Desiree Tyer Hopping Mailing Address 1801 Creeksic	,	Date of Receipt
City	State Zip Code	0 3 1 9 2 0 1 1 Transaction ID: 33103325
Friendswood	TX 77546-7821	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	181.82
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 545.46	
Full Name (Last, First, Middle Initial Dr Scott M Burks		Date of Receipt
Mailing Address P O Box 1351		03 19 2011
City	State Zip Code	Transaction ID: 33103326
Buffalo	MO 65622-1351	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (o	optional)	463.64

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 66 (check only one) X
	information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
	American Optometric Association Pol	litical Action	Committee	
<u>!</u>	Full Name (Last, First, Middle Initial) Mr Richard Cornett			Date of Receipt
_	Mailing Address Ohio Optometric Assr 250 E Wilson-Bridge	Rd #240		03 / 19 / 2011
	City Worthington	State OH	Zip Code 43085-2350	Transaction ID: 33103327 Amount of Each Receipt this Period
F	FEC ID number of contributing ederal political committee.	C		250.00
_(Name of Employer Ohio Optometric Association, Inc. Receipt For: Primary General Other (specify) ▼		e Director e Year-to-Date ▼ 250.00	
1	Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson Mailing Address 9940 S Ashleigh Way	. 		Date of Receipt 0 3 1 9 2 0 1 1
(Dity	State	Zip Code	Transaction ID: 33103331
1	Highlands Ranch	CO	80126-4244	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		166.94
<u>1</u> !	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Ē	Receipt For:	- '	e Year-to-Date ▼	
	Primary General Other (specify) ▼		497.52	
	Full Name (Last, First, Middle Initial) Dr Susan M Brunnett			Date of Receipt
ľ	Mailing Address 9940 S Ashleigh Way	,		03 19 2011
	City	State	Zip Code	Transaction ID: 33103332
_	Highlands Ranch	CO	80126-4244	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		83.47
1	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 248.77	
SU	BTOTAL of Receipts This Page (optional) .			500.41

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 66 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association	Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr Thomas E Nye			Date of Receipt
Mailing Address 42 Tabor Lane			03 20 2011
City Hamilton	State OH	Zip Code 45013-5118	Transaction ID: 33103337 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40010 0110	82.73
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 255.45	
Full Name (Last, First, Middle Initial) Dr Jeffrey C Michaels			Date of Receipt
Mailing Address 2726 Fairground F	Rd #133		03 / 20 / Y Y Y Y
City	State VA	Zip Code	Transaction ID: 33103341
Goochland FEC ID number of contributing federal political committee.	C	23063-3103	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Michael E Bennett			Date of Receipt
Mailing Address 4940 Victoria Plac	е		03 21 2011
City Guthrie	State OK	Zip Code 73044-8668	Transaction ID: 33103390 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	73044-0000	166.67
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.01	
SUBTOTAL of Receipts This Page (option	al)		749.40

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 66 (check only one) X
Any in	nformation copied from such Reports and r commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	AME OF COMMITTEE (In Full) .merican Optometric Association Po	olitical Action	Committee	
	ull Name (Last, First, Middle Initial) r David S Hays			Date of Receipt
M	ailing Address 5421 95Th Ave Ct W	est		03 / 21 / 2011
Ci		State	Zip Code	Transaction ID: 33103392
<u>U</u>	Iniversity PI	WA	98467-1307	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		84.00
Na Se	ame of Employer elf Employed	Occupation Doctor of	n f Optometry	
R	eceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		252.00]
	ull Name (Last, First, Middle Initial) r Donald W Furman	1		Date of Receipt
M	ailing Address 855 11Th St Place			03 21 7 2011
Ci	ity	State	Zip Code	Transaction ID: 33103396
<u>G</u>	Garner	IA	50438-1847	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		84.00
Na Se	ame of Employer elf Employed	Occupatio Doctor of	n f Optometry	
R	eceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		252.00	
	ull Name (Last, First, Middle Initial) r Jan L Cooper			Date of Receipt
M	ailing Address 101 Chandler West			03 21 2011
Ci	ity	State	Zip Code	Transaction ID: 33103397
<u>H</u>	lighland	CA	92346-5482	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		187.50
Na Se	ame of Employer elf Employed	Occupation Doctor of	n f Optometry	
R	eceipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼		562.50	
	BTOTAL of Receipts This Page (optional)	•		355.50

or for co			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
IN NIAN	ommercial purposes, other than using the r	tatements may name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) erican Optometric Association Politi	ical Action C	Committee	
1. <u>Dr M</u>	Name (Last, First, Middle Initial) dichael D Conklin			Date of Receipt
	ing Address 9067 Bordeaux Way			03 22 2011
City	adv	State UT	Zip Code	Transaction ID: 33103824
	CID number of contributing ral political committee.	C	84093-2216	Amount of Each Receipt this Period 100.00
Nam Self	ne of Employer Employed	Occupation Doctor of	Optometry	
Rece	eipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 300.00	
3. <u>Dr Je</u>	Name (Last, First, Middle Initial) effrey J Becraft			Date of Receipt
ivialii 	ing Address 531 Gettysburg Dr			03 18 2011
City		State	Zip Code	Transaction ID: 33104443
<u>Nile</u>		MI	49120-2909	Amount of Each Receipt this Period
fede	CID number of contributing ral political committee.	C		250.00
Nam Self	ne of Employer Employed	Occupation Doctor of	Optometry	
Rece	eipt For:	_	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
	Name (Last, First, Middle Initial) indsey M Clyde			Date of Receipt
Maili	ing Address 3030 N Hayden			03 18 2011
City		State	Zip Code	Transaction ID: 33104448
	ottsdale	AZ	85251-6680	Amount of Each Receipt this Period
fede	CID number of contributing ral political committee.	C		500.00
	ne of Employer Employed	Occupation Doctor of	Optometry	
Reco	eipt For: Primary General Other (specify) ▼	Aggregate '	Year-to-Date ▼ 500.00	
SUBT	OTAL of Receipts This Page (optional)			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 31 / 66 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements and address of any political committee to	
American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr J. Travis Yadon		Date of Receipt
Mailing Address 2109 Avian Way City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Oklahoma City	OK 73170-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 76176 456	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Juan M Lucero		Date of Receipt
Mailing Address 2110 Jody Dr		03 / 18 / 2011
City	State Zip Code	Transaction ID: 33104456
Las Cruces	NM 88007-1410	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr Kathleen E Goff	1	Date of Receipt
Mailing Address 114 Crested Peak		03 / 23 / 2011
City	State Zip Code	Transaction ID: 33105210
Santa Teresa	NM 88008-9423	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	86.36
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 259.08	
SURTOTAL of Receipts This Page (ontional)		1086.36

Any information copied from su or for commercial purposes, otl		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (II	her than using the name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	Association Political Action	Committee	
Full Name (Last, First, Midd Dr Larry D Gunnell			Date of Receipt
Mailing Address #7 Bren		7:n Codo	03 23 2011
City Wichita Falls	State TX	Zip Code 76302-2506	Transaction ID: 33105211 Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.		70002 2000	83.33
Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
Receipt For: Primary Ger Other (specify) ▼	Aggregat	e Year-to-Date ▼ 249.99	
Full Name (Last, First, Midd Dr David T Gubman			Date of Receipt
Mailing Address 9 Cobb	lestone Rd		03 23 2011
City	State	Zip Code	Transaction ID: 33105213
Cherry Hill	NJ	08003-1420	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
Receipt For:		e Year-to-Date ▼	
Primary Ger Other (specify) ▼	neral	500.00	
Full Name (Last, First, Midd Dr Joseph J Jordan, Jr	fle Initial)		Date of Receipt
Mailing Address 224 Lac	conia Rd		03 23 2011
City	State	Zip Code	Transaction ID: 33105214
Tilton	NH	03276-5223	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	C		166.67
Name of Employer Self Employed		f Optometry	
Receipt For: Primary Ger Other (specify) ▼	Aggregat	e Year-to-Date ▼ 500.01	
SUBTOTAL of Receipts This	Page (optional)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 66 (check only one) X
	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Barry J Barresi		Date of Receipt
Mailing Address 659 Spyglass Sumn		03 23 2011
City Chesterfield	State Zip Code MO 63017-2142	Transaction ID: 33105217 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.01	
Full Name (Last, First, Middle Initial) Dr Martin H Carroll		Date of Receipt
Mailing Address 3700 Essex Road		03 23 2011
City	State Zip Code	Transaction ID: 33105218
Cheyenne	WY 82001-1641	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Regina Coleman Compton		Date of Receipt
Mailing Address 112 Penhook Hill		03 23 2011
City Harold	State Zip Code KY 41635-7026	Transaction ID: 33105221 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)	516.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	for each category of the Detailed Summary Page Statements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 34 / 66 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	ne name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Gregory D Norman Mailing Address 620 W. Cr. 100 N		Date of Receipt
City	State Zip Code	0 3 2 3 2 0 1 1 Transaction ID: 33105228
FIOra FEC ID number of contributing federal political committee.	IN 46929	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr Jeffrey K Smith Mailing Address 145 Unity Lane		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Crossett	State Zip Code AR 71635-9175	Transaction ID: 33105292 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr William H Simons		Date of Receipt
Mailing Address 66 Cloverview Lane		03 / 22 / Y Y Y Y Y Y Y
City <u>Helena</u>	State Zip Code MT 59601-0251	Transaction ID: 33105293 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	>	1000.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 66 (check only one) X
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) American Optometric Association	s and Statements may not be sold or used by any personing the name and address of any political committee to on Political Action Committee	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr Thomas Edward Griffith Mailing Address 394 Evans Creel	k Rd	Date of Receipt 0 3 2 2 2 2 0 1 1
City Fraziers Bottom	State Zip Code WV 25082	Transaction ID: 33105420 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr Victor A Richardson Mailing Address 230 Farmington	Avenue	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33105424
<u>Farmington</u>	CT 06032-1916	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Brian J Blount Mailing Address 5830 N Circuit	'	Date of Receipt 0 3 2 4 2 0 1 1
City	State Zip Code	Transaction ID: 33115581
<u>Beaumont</u>	TX 77706-4428	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	181.82
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 545.46	
SUBTOTAL of Receipts This Page (opti	ional)	1046.82

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 66 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Optometric Association Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Dr Pamela A Lowe		Date of Receipt
Mailing Address 6835 Concord Lane		03 / 24 / 2011
City	State Zip Code	Transaction ID: 33115583
Niles	IL 60714-4431	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr Dennis M Brtva		Date of Receipt
Mailing Address 57 Pebblebrook Ct		03 / 24 / 2011
City	State Zip Code	Transaction ID: 33115585
Bloomington	IL 61705-6300	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	255.00	
Full Name (Last, First, Middle Initial) Dr Peter V Candela		Date of Receipt
Mailing Address P O Box 614		03 / 24 / 2011
City	State Zip Code	Transaction ID: 33115586
Blythewood	SC 29016-0614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.02]
		268.34

IT	CHEDULE A (FEC Form 3X EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 66 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An	ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may r the name and addre	not be sold or used by any pers ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association P	olitical Action Co	ommittee	
4 .	Full Name (Last, First, Middle Initial) Dr Dori M Carlson Mailing Address P O Box 0			Date of Receipt
	Mailing Address P O Box 0			03 / 24 / 2011
	City Park River	State ND	Zip Code 58270	Transaction ID: 33115587
	FEC ID number of contributing federal political committee.	C	36270	Amount of Each Receipt this Period 163.64
	Name of Employer Self Employed	Occupation Doctor of (Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 527.28	
 3.	Full Name (Last, First, Middle Initial) Dr Steven Thomas Reed	Date of Receipt		
	Mailing Address 4550 Simpson Hwy 28 W			03 24 2011
	City	State MS	Zip Code	Transaction ID: 33115588
	Magee FEC ID number of contributing federal political committee.	C	39111-5187	Amount of Each Receipt this Period 90.00
	Name of Employer Self Employed	Occupation Doctor of 0	Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 270.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Rose Marie Betz			Date of Receipt
	Mailing Address 7300 N Bluff Drive			03 21 YYYY 2011
	City	State	Zip Code	Transaction ID: 33115665
	Tuscaloosa FEC ID number of contributing federal political committee.	C	35406-2608	Amount of Each Receipt this Period 100.00
	Name of Employer Self Employed	Occupation Doctor of (Optometry	
	Receipt For: Primary General Other (specify) ▼		/ear-to-Date ▼ 300.00	
	UBTOTAL of Receipts This Page (optional)	<u> </u>		353.64

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 66 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
American Optometric Association Po	Diffical Action Committee	
Full Name (Last, First, Middle Initial) Dr Thomas V Casella, Sr Mailing Address 5 Bristlecone Way		Date of Receipt
		03 21 2011
City	State Zip Code	Transaction ID: 33115666
Augusta	GA 30909-1846	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr Randy L Hertneky		Date of Receipt
Mailing Address 333 South Ivy		03 / 24 / 2011
City	State Zip Code	Transaction ID: 33117875
Yuma	CO 80759-2313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr Justin M Cole		Date of Receipt
Mailing Address 4305 Thompson Far	m	03 / 24 / 2011
City	State Zip Code	Transaction ID: 33117897
Bedford	MA 01730-1493	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SURTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 66 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association P	olitical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Robert M Theaker			Date of Receipt
Mailing Address 12 Wyndemere Vale	•		03 25 2011
City	State	Zip Code	Transaction ID: 33117905
Monterey FEC ID number of contributing federal political committee.	CA	93940-5811	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	7
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Joe Wesley De Loach			Date of Receipt
Mailing Address 504 Edgelake Drive			0 3 25 2011
City Dallas	State TX	Zip Code	Transaction ID: 33117913
FEC ID number of contributing federal political committee.	C	75218-2111	Amount of Each Receipt this Period 109.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	_ '	Year-to-Date ▼ 218.00]
Full Name (Last, First, Middle Initial) Dr Mira B Swiecicki			Date of Receipt
Mailing Address 450 F Street			03 25 2011
City Blaine	State WA	Zip Code 98230-4201	Transaction ID: 33117917
FEC ID number of contributing federal political committee.	C	90230-4201	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		1109.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	for each	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 40 / 66 (check only one) X
Any information copied from such Report for commercial purposes, other than NAME OF COMMITTEE (In Full) American Optometric Association	using the name and address of a	ny political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initia Dr Richard L Talkington Mailing Address 461 Pleasant P.O. Box 521 City Franklin FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip (Date of Receipt M M M / D D / Y Y Y Y Y O 3
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initia Dr Maryjane Healey		350.00	Date of Receipt
Mailing Address 6710 124Th F City Snohomish FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼	State Zip (•	Transaction ID: 33119055 Amount of Each Receipt this Period 200.00
Full Name (Last, First, Middle Initial Dr Lynn A Davis Mailing Address 1424 Tiffany City Rio Rancho FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	ane Se State Zip (Date ▼	Date of Receipt M M M C D D C C T Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ SUBTOTAL of Receipts This Page (ptional)	250.02	383.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 66 (check only one) X 11a 11b 11c 12
	d Statements may not be sold or used by any pers the name and address of any political committee t	13 14 15 16 50 16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19
NAME OF COMMITTEE (In Full) American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Andrea P Thau		Date of Receipt
Mailing Address 145 East 84Th St A	•	03 / 28 / Y Y Y Y
City	State Zip Code	Transaction ID: 33119100
New York	NY 10028-2058	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	166.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.01	
Full Name (Last, First, Middle Initial) Dr Peter H Kehoe		Date of Receipt
Mailing Address 789 N Broad		03 / 28 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 33119104
<u>Galesburg</u>	IL 61401-2766	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	175.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	525.00	
Full Name (Last, First, Middle Initial) Dr Kevin L Gee		Date of Receipt
Mailing Address 9119 Highway 6 #20	00	03 28 2011
City	State Zip Code	Transaction ID: 33119105
Missouri City	TX 77459-4876	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.91
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	272.73	
		432.58

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 66 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	Statements may not be sold or used by any persone name and address of any political committee to political Action Committee	
Full Name (Last, First, Middle Initial) Dr Sue E Lowe Mailing Address 1704 Skyline Drive City Laramie FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code WY 82070-8932 C Occupation Doctor of Optometry Aggregate Year-to-Date 500.01	Date of Receipt M M D D D Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Ron Benner Mailing Address 1408 E Maryland City Laurel FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MT 59044-2238 C Occupation Doctor of Optometry Aggregate Year-to-Date 500.01	Date of Receipt M M M / D D / Y Y Y Y Y O 3 28 2011 Transaction ID: 33119114 Amount of Each Receipt this Period 166.67
Full Name (Last, First, Middle Initial) Dr Wesley E Garton Mailing Address 14626 Sharon Lane City Wichita FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code KS 67230-7015 C Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3
SUBTOTAL of Receipts This Page (optional)		583.34

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 66 (check only one) X 11a
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Craig M Brammer			Date of Receipt
	Mailing Address P.O. Box 487	Ctata	Zip Code	03 28 2011
	City Crowley	State LA	70527-0487	Transaction ID: 33119455 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70027 0 107	250.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
– В.	Full Name (Last, First, Middle Initial) Dr Daniel E Murray, Jr	Date of Receipt		
	Mailing Address 403 Randwick Rd	03 28 2011		
	City	State	Zip Code	Transaction ID: 33119927
	Dothan	AL	36301-2122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	, '	f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
- С.	Full Name (Last, First, Middle Initial) Dr Catherine M Ferentini			Date of Receipt
	Mailing Address 14 Birch Hill Drive			03 / 28 / 2011
	City West Hartford	State CT	Zip Code 06107-3101	Transaction ID: 33119952
	FEC ID number of contributing federal political committee.	C	00107-5101	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1115.00
	TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 66 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Christopher L Agro Mailing Address 6 Cartier Rd City Enfield FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CT 06082-2506 C Occupation Doctor of Optometry Aggregate Year-to-Date 2000.00	Date of Receipt M M / D D / Y Y Y Y Y O 3 / 28 / 2011 Transaction ID: 33119953 Amount of Each Receipt this Period 2000.00
Full Name (Last, First, Middle Initial) Dr George F Brown Mailing Address 2604 Woodlawn City Alexandria FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code VA 22306-2565 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Kevin Barry King Mailing Address 15330 Manor Villa City Rockville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Date of Receipt M M / D D / Y Y Y Y Y O 3 25 2011 Transaction ID: 33119971 Amount of Each Receipt this Period 143.75
SUBTOTAL of Receipts This Page (optio	nal)	2643.75

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45/66 (check only one) X 11a
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association			
Full Name (Last, First, Middle Initial) Dr Christine Kispe King			Date of Receipt
Mailing Address 15330 Manor Villag	ge Lane		03 25 2011
City Rockville	State MD	Zip Code 20853-1833	Transaction ID: 33119972 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000	143.75
Name of Employer Self Employed	Occupation Doctor of	n · Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Dr Beatrice Halper Michel	I		Date of Receipt
Mailing Address 1910 Alder Cove R	d W		03 25 27 2011
City	State	Zip Code	Transaction ID: 33119975
Tillamook FEC ID number of contributing federal political committee.	OR	97141-8354	Amount of Each Receipt this Period 350.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	7
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr Eric Halperin			Date of Receipt
Mailing Address 1910 Alder Cove R	d W		03 25 2011
City Tillamook	State OR	Zip Code 97141-8354	Transaction ID: 33119976 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37141 0004	350.00
Name of Employer Self Employed	Occupation Doctor of	n i Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional			843.75

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 66 (check only one) X 11a
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	olitical Action C	Committee	
۹.	Full Name (Last, First, Middle Initial) Dr Gerald J Prchal			Date of Receipt
	Mailing Address 2603 Ridgewood Lan	le 		03 / 25 / 2011
	City Albany	State GA	Zip Code 31707-3056	Transaction ID: 33119982
	FEC ID number of contributing federal political committee.	C	31707-3030	Amount of Each Receipt this Period 400.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
 3.	Full Name (Last, First, Middle Initial) Dr Armando Rafael			Date of Receipt
	Mailing Address 23 Evelyn Drive			03 28 2011
	City	State	Zip Code	Transaction ID: 33136195
	Naugatuck FEC ID number of contributing federal political committee.	CT	06770-5402	Amount of Each Receipt this Period 325.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	
 :.	Full Name (Last, First, Middle Initial) Dr William Thomas Reynolds, Jr			Date of Receipt
	Mailing Address 200 Larosa			03 / 31 / 2011
	City Richmond	State KY	Zip Code	Transaction ID: 33140311
	FEC ID number of contributing federal political committee.	C	40475-7855	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Γ.	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1225.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 66 (check only one) X
An	y information copied from such Reports and store commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol			on for the purpose of soliciting contributions a solicit contributions from such committee.
<u>∠</u> A .	Full Name (Last, First, Middle Initial) Dr John Loucopoulos Mailing Address 5 Hammonassett Mea	adows Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Madison	State CT	Zip Code	Transaction ID: 33140312
	FEC ID number of contributing federal political committee.	C	06443-2011	Amount of Each Receipt this Period 400.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify)		f Optometry e Year-to-Date ▼ 400.00	
 3.	Full Name (Last, First, Middle Initial) Dr Lisa A Carroll Mailing Address 13 Scenic Hill Rd			Date of Receipt
	City	State	Zip Code	0 3 3 0 2 0 1 1 Transaction ID: 33142517
	Shelton FEC ID number of contributing federal political committee.	CT	06484-2269	Amount of Each Receipt this Period 300.00
	Name of Employer Self Employed	Occupatio	n f Optometry	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dr Gary L Vines			Date of Receipt
-	Mailing Address 2058 Kirkland Blvd	03 28 2011		
	City	State	Zip Code	Transaction ID: 33146426
	Maryville FEC ID number of contributing federal political committee.	C	37803-3600	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupatio	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 250.00	
S	UBTOTAL of Receipts This Page (optional) .	1		950.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 66 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	Statements may not be sold or used by any persone name and address of any political committee to political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Richard Dean Gurley Mailing Address 800 South Promised City Blytheville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Land Road State Zip Code AR 72315-7746 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y Y O 3 28 2011 Transaction ID: 33146430 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr David K Masindas Mailing Address 6695 South Old Mill (City Salt Lake City FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Circle State Zip Code UT 84121-6919 C Occupation Doctor of Optometry Aggregate Year-to-Date 365.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 28 2011 Transaction ID: 33147778 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Dr Marcus H Kelley Mailing Address 1127 Wilder City Helena FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MT 59601-2115 C Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·	1115.00
TOTAL This Period (last page this line number	er only)	39240.44

City Vernon Purpose of Disbursement Void Check Candidate Name Rep. Joseph D. Courti Office Sought: X Ho Se	uch Reports and Stather than using the nather than using the nathe	Detailed tements may n ame and addre	ess of any political	011 Category/	28a son for the pur o solicit contri	action ID:	: 3303 ement	contribution committee	1 Y
r for commercial purposes, or NAME OF COMMITTEE American Optometric Full Name (Last, First, Mic Courtney For Congres) Mailing Address 38 For City Vernon Purpose of Disbursement Void Check Candidate Name Rep. Joseph D. Courtney Office Sought: X Ho	ther than using the national content of the national c	ame and addre	ess of any political committee Zip Code	011 Category/	Transa Date o	action ID:	: 3303 ement	1978 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	1 Y
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Full Name (Last, First, Mic	,				Transa	action ID:	: 3303	1979	
Committee To Elect C	hris Murphy					f Disburs			
Mailing Address P.O.	Box 127				0,3	/ DC	7 /	[°] 201	1 Y
City Cheshire		State CT	Zip Code 06410		Amour	nt of Each	Disburs	ement this	Perio
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Candidate Name Rep. Christopher Scot	t Murphy			Category/ Type	_				
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State: CT Distric			· 						
Full Name (Last, First, Mic PETE PAC	Idle Initial)					action ID: f Disburs		1981	
Mailing Address 3686	S King Street				0 ^M 3 ^M	/ DC	7 /	^Y 201	1 Y
City Alexandria		State VA	Zip Code 22302		Amour	nt of Each	Disburs	ement this	-
Purpose of Disbursement Void Check				011	7 -			-1000.0)0
Candidate Name PETE PAC				Category/ Type					
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								-3000.0	

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check on	E NUMBER: PAGE 50 / 66 ly one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and S for commercial purposes, other than using the			
\rangle	NAME OF COMMITTEE (In Full) American Optometric Association Pol	itical Action Committee		
	Full Name (Last, First, Middle Initial) Friends Of Joe Pitts			Transaction ID: 33031983 Date of Disbursement
	Mailing Address PO Box 775			03 7 0 7 2 0 1 1
	City Unionville	State Zip Code PA 19375		Amount of Each Disbursement this Perio
	Purpose of Disbursement Void Check		011	-1000.00
	Candidate Name Rep. Joseph R. Pitts		Category/ Type	
	Senate President	bursement For: 2010 Primary X General Other (specify)		Void Check
	State: PA District: 16 Full Name (Last, First, Middle Initial) Kurt Schrader For Congress			Transaction ID: 33031984
	Mailing Address PO Box 3314			Date of Disbursement O 3 D D D Y Y Y O 1 1
	City Orogan City	State Zip Code OR 97045		Amount of Each Disbursement this Perio
	Oregon City Purpose of Disbursement Void Check	On 97043	011	-1000.00
	Candidate Name Rep. Kurt Schrader		Category/ Type	
	Office Sought: X House Senate President State: OR District: 05	bursement For: 2010 Primary X General Other (specify)		Void Check
	Full Name (Last, First, Middle Initial) Schakowsky For Congress			Transaction ID: 33032043 Date of Disbursement
	Mailing Address P.O. Box 5130			03 0 7 7 2 0 1 1
	City Evanston	State Zip Code IL 60204		Amount of Each Disbursement this Perio
	Purpose of Disbursement Candidate Contribution		011	2500.00
	Candidate Name Rep. Janice D. Schakowsky		Category/ Type	
	Office Sought: X House Senate President State: IL District: 09	bursement For: 2012 X Primary General Other (specify)		Candidate Contribution
		onal)		500.00

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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	$\mathbf{\Box}$	24 28c		25 29	2 3
	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)												
$ \rangle$	American Optometric Association Politica	Action Committee											
	Full Name (Last, First, Middle Initial) Bob Filner For Congress							sburs	emen			Υ	Υ
	Mailing Address PO Box 121480					0 ^M 3			7		2	0 1 1	
	City Chula Vista	State Zip Code CA 91912				Amou	int of	f Each	Disb	urser	nent	this P	eriod
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		ement For: 2012		Тур		Candi	idat	e Cor	ntribu	ution			
	Senate President State: CA District: 51	Primary General Other (specify)											
	Full Name (Last, First, Middle Initial) Guthrie For Congress						of Di	sburs	emen	-			
	Mailing Address PO Box 9639					0 ^M 3	М	[′] □ C	8	/ L	ž	0 1 1	Y
	City Bowling Green	State Zip Code KY 42102				Amou	int of	f Each	Disb	urser	-	this P	eriod
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	v A	ement For: 2012 Primary General Other (specify) ▼		Тур	e	Candi	idat	e Cor	ntribu	ution			
	Full Name (Last, First, Middle Initial) Hall For Congress Committee					Trans Date	of Di	sburs	emen				
	Mailing Address Post Office Box 711					0 _M 3	М	[′] □ C	8	/ L	ž	0 1 1	Y
	City Rockwall	State Zip Code TX 75087				Amou	int of	f Each	Disb	urser	ment	this P	erioc
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	Candidate Name Rep. Ralph M. Hall			ateg Typ	ory/ e								
	v A	ement For: 2012 Primary General Other (specify)				Candi	idat	e Cor	ntribu	ution			
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IT _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	\square	24 28c		25 29	
	y Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) American Optometric Association Politica	e and address of any politica											
\bigvee	American Optometric Association Folitica	Action Committee											
	Full Name (Last, First, Middle Initial) Duffy For Congress Mailing Address PO Box 538					Date		on ID:				0 1 1	Y
	City	State Zip Code				Amou	ınt o	f Each	Disb	urser	nent	this P	eriod
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	Candidate Name Rep. Sean P. Duffy			ateg Typ									
	X X	ement For: 2012 Primary General Other (specify)				Cand	idat	e Cor	ntribu	ıtion			
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	Lobiondo For Congress						of Di	isburs		t	V	· V ·	V
	Mailing Address P.O. Box 550					0 3	M	′ 🔼 1	4	Ĺ	ž	0 1 1	Y
	City Vineland	State Zip Code NJ 08362				Amou	int o	f Each	Disb	urser	-		erioc
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	Candidate Name Rep. Frank A. LoBiondo			ateg Typ	ory/ e								
		ement For: 2012 Primary General Other (specify)				Cand	idat	e Cor	ntribu	ıtion			
	Full Name (Last, First, Middle Initial) Ribble For Congress						of Di	isburs	ement				
	Mailing Address PO Box 7200					0 3	М	/ D	4	Y	ž	0 1 1	Y
	City Appleton	State Zip Code WI 54912				Amou	int o	f Each	Disb	urser	ment	this P	erio
	Purpose of Disbursement Candidate Contribution			01	1						100	00.00	
	Candidate Name Mr. Reid Ribble			ateg Typ	ory/ e								
	ů X	ement For: 2012 Primary General Other (specify)	1	71-		Cand	idat	e Cor	ntribu	ıtion			
	I						-			-	_		-

Detailed Summary Page	CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	NUMBER: PAGE 53 / 66 y one)
NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Carper For Senate Mailing Address 19 East Commons Blvd Second Floor City New Castle DE 19720 Office Sought: Full Name (Last, First, Middle Initial) State: DE District: Full Name (Last, First, Middle Initial) Pallone For Congress Mailing Address PO Box 3176 City City State Zip Code Disbursement Condidate Contribution Candidate Name Sen. Thomas R. Carper Office Sought: Full Name (Last, First, Middle Initial) Pallone For Congress Mailing Address PO Box 3314 City Condidate Contribution Candidate Name Rep. Frank Pallone, Jr. Office Sought: X Primary Category' Type Candidate Contribution Candidate Name Rep. Frank Pallone, Jr. Office Sought: X Primary Category' Type Candidate Contribution Candidate Name Rep. Frank Pallone, Jr. Other (specify) ▼ State Zip Code NJ 07740 Category' Type Candidate Contribution Candidate Name Rep. Frank Pallone, Jr. Other (specify) ▼ Candidate Contribution Candidate Name Rep. Kurt Schrader Other (specify) ▼ Candidate Contribution Candidate Name Rep. Kurt Schrader Other (specify) ▼ Candidate Contribution Candidate Name Rep. Kurt Schrader Office Sought: X House Senate President Disbursement For: Zip Code Office Sought: X Primary Category' Type Candidate Contribution Candidate Name Rep. Kurt Schrader Office Sought: X House Senate President Disbursement For: Zip Code Office Sought: X House Senate President Disbursement For: Zip Code Office Sought: X House Senate President Disbursement For: Zip Code Office Sought: X House Senate President Disbursement For: Zip Code Office Sought: X Primary Category' Type Candidate Contribution Candidate Name Rep. Kurt Schrader Office Sought: X House Senate President Disbursement For: Zip Code Office Sought: X Primary Category' Type Candidate Contribution Candidate Contribution Candidate Contribution Candidate Name Rep. Kurt Schrader Office Sought: X Perimary Category' Typ		Detailed Summary Page	27	28a 28b 28c 29
NAME OF COMMITTEE (in Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Carper For Senate Mailing Address 19 East Commons Blvd Second Floor City New Castle DE 19720 Purpose of Disbursement Candidate Ontribution Candidate Name Sen. Thomas N. Carper Office Sought: House President State: DE District: Full Name (Last, First, Middle Initial) Pallone For Congress Mailing Address PO Box 3314 City City City City City City City Cit				
Carper For Senate Mailing Address 19 East Commons Blvd Second Floor City State Zip Code DE 19720 Purpose of Disbursement Candidate Name Sen. Thomas R. Carper Office Sought: House President State: DE District: Full Name (Last, First, Middle Initial) Pallone For Congress Mailing Address PO Box 3176 Full Name (Last, First, Middle Initial) President State: NJ District: State: NJ District: Other (specify) ▼ Cardidate Name Rep. Frank Pallone, Jr. Office Sought: X House Senate President State: NJ Disbursement For: 2012 Category/ Type Candidate Name Rep. Frank Pallone, Jr. Office Sought: X House Senate President State: NJ District: Of Senate President Candidate Contribution Cardidate Name Rep. Frank Pallone, Jr. Office Sought: X House Senate President State: NJ District: Of Senate President Candidate Contribution Cardidate Name Rep. Frank Pallone, Jr. Office Sought: X House Senate President Candidate Contribution Cardidate Contribution Cardidate Name Rep. Frank Pallone, Jr. Office Sought: X House Contribution Cardidate Contribution Cardidate Contribution Cardidate Contribution Cardidate Contribution Cardidate Contribution Category/ Type Candidate Contribution Category/ Type Candidate Contribution Cardidate Contri	NAME OF COMMITTEE (In Full)			
State State Disbursement Di	,			
New Castle Purpose of Disbursement Candidate Name Sen. Thomas R. Carper Office Sought: X	Mailing Address 19 East Commons Blvd	Second Floor		03
Candidate Contribution Candidate Name Sen. Thomas R. Carper Office Sought:				Amount of Each Disbursement this Peri
Candidate Name Sen. Thomas R. Carper Office Sought:			011	1000.00
State: DE District: Full Name (Last, First, Middle Initial) Pallone For Congress Mailing Address PO Box 3176 City State Zip Code Long Branch NJ 07740 Purpose of Disbursement Candidate Contribution Candidate Contribution Office Sought: X House President NJ District: 06 Full Name (Last, First, Middle Initial) Furpose of Disbursement Candidate Name Rep. Frank Pallone, Jr. City Other (specify) ▼ Candidate Name Rep. Frank Pallone, Jr. City Other (specify) ▼ Candidate Name Rep. Frank Pallone, Jr. City Other (specify) ▼ Candidate Name Rep. Frank Pallone			Category/	
Full Name (Last, First, Middle Initial) Pallone For Congress Mailing Address PO Box 3176 City Long Branch Purpose of Disbursement Candidate Contribution Candidate Name Rep. Frank Pallone, Jr. Office Sought: X House President State: NJ District: 06 Full Name (Last, First, Middle Initial) Kurt Schrader For Congress Mailing Address PO Box 3314 City Oregon City	X Senate X	Primary General		Candidate Contribution
Pallone For Congress Mailing Address PO Box 3176 City State Zip Code NJ 07740 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Frank Pallone, Jr. Office Sought: X House Senate President State: NJ District: 06 Full Name (Last, First, Middle Initial) Kurt Schrader For Congress Mailing Address PO Box 3314 City State Zip Code Other (specify) ▼ Candidate Contribution Candidate Contribution Transaction ID: 33104393 Date of Disbursement Mailing Address PO Box 3314 City Oregon City OR 97045 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Kurt Schrader General Other (specify) ▼ Candidate Contribution Candidate Contribution Candidate Name Rep. Kurt Schrader Office Sought: X House Senate President Other (specify) ▼ Candidate Contribution Candidate Contribution Candidate Name Rep. Kurt Schrader Office Sought: X House Senate President Other (specify) ▼ Candidate Contribution				
City	,			Date of Disbursement
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\angle	American Optometric Association Folitica	Action Committee		
	Full Name (Last, First, Middle Initial) Pascrell For Congress Mailing Address P.O. Box 640		Transaction ID: 33117654 Date of Disbursement O 3 M / D 2 D / Y Y Y 2	0 1 1 ^Y
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	Mike Ross For Congress Committee		Date of Disbursement	* V * V
	Mailing Address PO Box 360		03 / 24 / 2	0 1 1
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	Full Name (Last, First, Middle Initial) Advance Arkansas PAC		Transaction ID: 33117656 Date of Disbursement	
	Mailing Address P Box 344		03 / 24 / 2	0 1 1
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\rangle	NAME OF COMMITTEE (In Full) American Optometric Association Political	l Action Committee	
	Full Name (Last, First, Middle Initial) Ben Chandler For Congress Mailing Address P. O. Box 12678		Transaction ID: 33117657 Date of Disbursement 0 3 M / D 2 4 / Y 2 0 1 1
	City Lexington	State Zip Code KY 40508	Amount of Each Disbursement this Period
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	Full Name (Last, First, Middle Initial) Cathy Mcmorris Rodgers For Congress		Transaction ID: 33128604 Date of Disbursement
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Full Name (Last, First, Middle Initial) Arkansas for Leadership PAC		Transaction ID: 33128605 Date of Disbursement
Mailing Address PO Box 1672		03 0 7 2 0 1 1
City Alexandria	State Zip Code VA 22313	Amount of Each Disbursement this Perio
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Full Name (Last, First, Middle Initial) Montanans For Tester		Transaction ID: 33131530 Date of Disbursement
Mailing Address PO Box 1135		03 7 3 1 7 2 0 1 1
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Full Name (Last, First, Middle Initial) Braley For Congress		Transaction ID: 33131532 Date of Disbursement
Mailing Address PO Box 390		03 7 3 1 7 2 0 1 1
City Waterloo	State Zip Code IA 50704	Amount of Each Disbursement this Perio
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•	Full Name (Last, First, Middle Initial) Bill Owens For Congress							on ID			39			
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	Mailing Address PO Box 1575													
	City Plattsburgh	State Zip Code NY 12901				Amou	ınt o	f Each	Disb	ursen	nent	this P	eriod	
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	Full Name (Last, First, Middle Initial) Tim Walz For Us Congress					Date		on ID isburs					V	
	Mailing Address PO Box 938	PO Box 938						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						
	City Mankato	State Zip Code MN 56002				Amou	ınt o	f Each	Disb				eriod	
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	Full Name (Last, First, Middle Initial) Mobrooksforcongress.Com							on ID			542			
	Mailing Address 7610 Foxfire Drive			0 ^M 3	М	/ D 3	3 ^D	/ Y	ž () ^Y 1	Y			
	City Huntsville	State Zip Code AL 35802				Amou	ınt o	f Each	Disb				eriod	
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Full Name (Last, First, Middle Initial)			Transaction ID: 33131638			
Jeff Duncan For Congress	Jett Duncan For Congress					
Mailing Address PO Box 845			03			
City	State Zip Code		Amount of Each Disbursement this Period			
Laurens Purpose of Disbursement	SC 29360		1000.00			
Candidate Contribution		011				
Candidate Name Mr. Jeff Duncan		Category/ Type				
	ement For: 2012 Primary General Other (specify)		Candidate Contribution			
State: SC District: 03						
Full Name (Last, First, Middle Initial) Duncan D. Hunter For Congress		Transaction ID: 33131639 Date of Disbursement				
Mailing Address 9340 Fuerte Drive Suite		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} N & N \\ O & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} N & N \\ O & 1 \end{smallmatrix} \end{bmatrix} \)$				
City La Mesa	State Zip Code CA 91941		Amount of Each Disbursement this Period			
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Full Name (Last, First, Middle Initial)			Transaction ID: 33131640			
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Candidate Name Rep. Thaddeus G. McCotter		Category/ Type				
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Mailing Address PO Box 661			03 31 2011						
City Collinsville	State Zip Code IL 62234	_	Amount of Each Disbursement this Perio						
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Rep. John M. Shimkus		Type							
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Full Name (Last, First, Middle Initial)			Transaction ID: 33131643						
Stutzman For Congress		Date of Disbursement							
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Candidate Name Mr. Marlin Stutzman		Category/ Type							
Office Sought: X House Senate President State: IN District: 03	x Primary General Other (specify)	1	Candidate Contribution						
Full Name (Last, First, Middle Initial) Blue Dog PAC			Transaction ID: 33134927 Date of Disbursement						
Mailing Address 227 Massachusetts Av Suite 101	enue, N.E.		03 7 3 1 7 2 0 1 1						
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Perio						
Purpose of Disbursement Committee Contribution		011	5000.00						
Candidate Name Blue Dog PAC		Category/ Type							
Senate President	rsement For: Primary Genera Other (specify) ▼	•	Committee Contribution						
State: District:									

TEMIZED DIODUDOEMENTO	Use separate schedule(s)	(check only	NUMBER: PAGE 64 / 66 y one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) American Optometric Association Politica			
Full Name (Last, First, Middle Initial)			Transaction ID: 33134928
Boren For Congress		Date of Disbursement	
Mailing Address PO Box 148		$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 3 & D \\ 3 & 1 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & & Y & 2 & 0 & 1 & 1 \\ & & 2 & 0 & 1 & 1 \end{bmatrix}$	
City	State Zip Code		Amount of Each Disbursement this Period
Okemah	OK 74859		2500.00
Purpose of Disbursement Candidate Contribution		011	
Candidate Name Rep. Daniel Boren		Category/ Type	
	sement For: 2012 K Primary General Other (specify)		Candidate Contribution
State: OK District: 02			
Full Name (Last, First, Middle Initial) Friends Of Mazie Hirono		Transaction ID: 33142893 Date of Disbursement	
Mailing Address PO Box 677		$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 3 & D \\ 3 & 1 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$	
City Honolulu	State Zip Code HI 96809		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution		011	2500.00
Candidate Name Rep. Mazie Hirono		Category/ Type	
Senate ?	sement For: 2012 K Primary General Other (specify)		Candidate Contribution
State: HI District: 02 Full Name (Last, First, Middle Initial)			
Nelson 2012			Transaction ID: 33142897 Date of Disbursement
Mailing Address PO Box 8666			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 3 & D \\ 3 & 1 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
City Omaha	State Zip Code NE 68108		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution		011	1000.00
Candidate Name Sen. Ben Nelson		Category/ Type	
Office Sought: House Disbure X Senate President	sement For: 2012 Primary X General Other (specify) ▼		Candidate Contribution
State: NE District:	·		
SUBTOTAL of Disbursements This Page (optional)		6000.00
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s) for each category of the				OR LIN			R:		PAGE 65 / 66				
ITEMIZED DISBURSEMENTS	Detailed	1 -	X	-	Á	22 28a	П	23 28b	24 28c		25 29	26 30b		
Any Information copied from such Reports and Stater													S	
or for commercial purposes, other than using the name	e and addre	ss of any political	comr	mı	ttee to s	Olic	it contr	ibuti	ons fro	om such c	comr	nittee		
NAME OF COMMITTEE (In Full) American Optometric Association Political	Action Co	nmmittee												
American Optometric Association Folitical	Action Oc	Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii												
Full Name (Last, First, Middle Initial) Bank of America									on ID: sburse	33148 ement	887	,		
Mailing Address PO Box 790251							0 ^M 3	M	^D 3	D / Y	Ž	0 Ť	1	
City St. Louis	State MO	Zip Code 63179					Amou	nt o	f Each	Disburse	men	t this	Period	
Purpose of Disbursement Bank Fee				00	01						15	37.32	2	
Candidate Name				te Γy	gory/ oe									
Office Sought: House Disbursi Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼					Bank	Fee)					
Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	331/18	222			
Bank of America						Transaction ID: 33148888 Date of Disbursement								
Mailing Address PO Box 790251	Mailing Address PO Box 790251						$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$							
City St. Louis	State MO	Zip Code 63179					Amou	nt o	f Each	Disburse	men	t this	Period	
Purpose of Disbursement American Express Fee			(oc	01		L.	0			3	14.73	3	
Candidate Name				te Γy	gory/ oe									
Office Sought: House Disburst Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼					Ameri	car	ı Expr	ess Fee				
Full Name (Last, First, Middle Initial)							Trono		ID:	00140	000	`		
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City St. Louis	State MO	Zip Code 63179					Amou	nt o	f Each	Disburse				
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Candidate Name			001 Category/ Type											
Senate President	ement For: Primary Other (spe	General ▼					Bank	Fee)					
State: District:														
SUBTOTAL of Disbursements This Page (optional)											19	32.49)	

TOTAL This Period (last page this line number only)

A.

B.

SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 66 / 66 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 26 **Detailed Summary Page** 27 28a 28b 28c 29 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) Transaction ID: 33148891 Wachovia Federal Date of Disbursement 0 9 0 3 2011 Mailing Address 1650 Tyson Blvd. City State Zip Code Amount of Each Disbursement this Period VA 22102 McLean 660.96 Purpose of Disbursement Bank Fee 001 Candidate Name Category/ Type Office Sought: Disbursement For: House Bank Fee General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: 33153756 Wachovia Federal Date of Disbursement 07 0 3 2011 Mailing Address 1650 Tyson Blvd. City State Zip Code Amount of Each Disbursement this Period VA 22102 McLean 175.00 Purpose of Disbursement Bank Fee 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Bank Fee Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	•	835.96
TOTAL This Period (last page this line number only)	<u> </u>	2768.45

Other (specify)

State: